

NORFOLK COUNTY COUNCIL

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# **Annual Report**

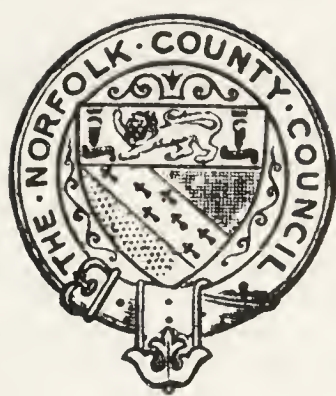
of the

COUNTY MEDICAL OFFICER

FOR 1965

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# **Annual Report**

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COUNTY MEDICAL OFFICER  
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## PREFACE

The statistical details given in the body of the report follow the pattern of previous years and do not call for an exhaustive commentary apart from saying that they continue to indicate a generally satisfactory trend, although during 1965 it has been more a case of maintaining the present position rather than effecting any dramatic improvements.

The mid-year estimated county population increased by 7,220 compared with 1964, although there was a very slight decrease in the live birth rate and a slight increase in the death rate which is still, however, below the national figure. The only other comment that has to be made here is the annual melancholy statement that the deaths from cancer of the lung and bronchus, expressed as a percentage of all cancer deaths, continues to rise. It is interesting to speculate what the effects might be if the public showed as much interest in anti-smoking campaigns as is rightly being shown at the present time in the introduction of mass cervical cytology screening services. For comparison, during 1965 there were in England and Wales over 26,000 deaths from cancer of the lung and bronchus compared with 2,453 deaths from cancer of the cervix.

The main events in the health department calendar were the opening of the Fakenham local health office by Mr. F. G. Jackson, the present Chairman of the Health Committee, on the 29th January, and the bringing into operation in June, after many frustrating delays, of the comprehensive training centre in King's Lynn.

The local health office in Fakenham is the administrative centre for local health authority services in the Hunstanton and Wells-next-the-Sea Urban Districts and the Docking and Walsingham Rural Districts. It was formerly accommodated in rented premises in Wells-next-the-Sea with no provision for clinics, and mothercraft classes could be held only by removing the furniture from the local welfare officers' room. The new, purpose-built premises comprise a two-storey office block fronting the road in Baron's Close and single-storey clinic accommodation in the rear, consisting of waiting room, weighing room, consulting room and a dental clinic suite. The clinic part of the building was designed to make it easily accessible to the physically handicapped by providing a ramped entrance, wider doors and a sanitary annexe capable of accommodating a wheelchair, so that the premises could be used by the local voluntary club for the physically handicapped and as a handicraft teaching centre for the handicapped.

The coming into use on 14th June of the purpose-built comprehensive training centre in King's Lynn was the culmination of years of aspiration and planning. It comprises a junior centre of four classrooms with accommodation for over 60 children, a special care unit for 6—8 severely handicapped children, and an adult centre with a fully-equipped workshop and a capacity of 60 with provision for expansion, a large assembly/dining room, a laundry and a kitchen equipped to turn out up to 150 main meals a day. The junior training centre in King's Lynn was formerly located in rented premises in a disused church school with no special provision for adults or severely handicapped children. This building was brought into use with 12 children in 1949 and as the number of children increased and the scope of the work expanded, the inadequacies of the accommodation became more and more apparent. The pupils have responded extremely favourably to their new environment and the teaching staff have benefited from their improved working conditions.



Staff changes were not quite so numerous during 1965 but a few of our old colleagues left us during the year and new ones joined us. Dr. J. A. Slattery, who was Assistant County Medical Officer and District Medical Officer of Health in the Downham Market area since 1958, left to take up a similar appointment in Essex in which we wish him every success. Dr. J. McD. Hanley was appointed to succeed him while Dr. Lydia McMurdo took up in March the appointment at East Dereham left vacant by the retirement of Dr. A. B. Guild in October of the previous year. Dr. C. H. B. Lawfield came to us from the City of Norwich as a full-time Assistant Medical Officer on the headquarters staff. The satisfactory dental staff position was maintained during the year with all losses in the Area Dental Officer and full-time Dental Officer posts being made good by new appointments. New posts created during the year were those of Health Education Officer and Adult Training Centre Manager to which Miss Jill Chadwick and Mr. D. R. Sindall were appointed. The Health Education Officer has the task of co-ordinating health education throughout the county and acting in an advisory capacity where necessary. Mr. Sindall was appointed to take charge of the new adult training centre in King's Lynn.

Staff shortages continued to be experienced, particularly in the nursing field, but although we had 13 vacancies at 31st December, mainly for district nurse/midwives, we ended the year with 5 more full-time and 6 more part-time nursing staff than in 1964. The trend towards hospital confinement continued with 55% institutional confinements in 1965 compared with 35% ten years ago and has been accelerated by the increased use of discharge from hospital 48 hours after delivery. This has had the effect of reducing the average number of confinements in 1965 per County Council domiciliary midwife to 20. Bearing in mind that the full-time midwives in the urban areas are delivering a greater number than this, certain of the district nurse/midwives in the rural areas are dealing with far fewer than 20 cases a year. If this trend continues, the position must soon be reached where the numbers diminish to the point where it becomes difficult for the midwife to maintain her professional skills and techniques.

The number of cases dealt with and the number of visits made in connection with the home nursing service continued to increase, with two-thirds of the work devoted to patients over 65 years of age. The home help service was concerned to an even greater extent with the needs of the older age groups in the community, with over 90% of the hours of service provided for the elderly, the sick and the infirm, and with 858 cases requiring assistance throughout the year. The service showed a general expansion of 10% compared with the previous year and in view of the increasing demands on the service to cope with the needs of the elderly and the special needs of problem and near-problem families, it was decided in the revision of the Ten Year Plan to provide for a 20% increase in hours of service during 1966/67 and a further 15% increase in 1967/68.

The attachment of County Council nursing staff to general practices was initiated during the year at Fakenham and Thetford, in each case at the request of the family doctors and with the full co-operation of the nurses. The three family doctors in Fakenham work from central surgery premises and the full-time nurses carry out the combined duties of district nurse, midwife and health visitor, with the assistance of a part-time district nurse. The Thetford general practitioners felt that an attachment arrangement in an overspill town would be of special interest. Here we were dealing with two distinct practices and separate midwives, district nurses and health



visitors. It is rather early yet to comment on the attachment arrangements which in both areas were complete, involving midwifery, home nursing and health visiting. They certainly appear to be working satisfactorily, especially in Fakenham. Some initial difficulties were experienced in Thetford due to staffing shortages both medical and nursing.

There were no radical changes in the county vaccination and immunisation scheme apart from the introduction, towards the end of the year, of the policy of giving oral poliomyelitis vaccine at the same time as triple vaccine, thereby reducing the number of visits necessary to achieve protection of infants and young children. The total numbers protected against the various diseases show, in most cases, a welcome improvement over last year's figures. An official scheme for vaccination against anthrax of workers at special risk of contracting the disease was introduced during the year by the Ministry of Health. There are no premises in the administrative county handling potentially infected material but arrangements were made through the district medical officers of health to ensure that workers who may be at greater risk than the population at large are offered the benefit of this protection, via the family doctor, if desired.

In spite of the appointment of a second chiropodist during 1964, the demand for domiciliary chiropody treatment for the homebound elderly and handicapped continued to grow during the year, resulting in the interval between treatment increasing from 10 to 14 weeks by the end of 1965. It is proposed to appoint an additional two chiropodists during the next two years but even this strengthening of the staff is unlikely to keep pace with the increasing demands on the service.

In conclusion, I would again express my thanks to members of the Health Committee for their continued support, and to the voluntary bodies and many others for their contribution towards the health of the community. My thanks are also due to all members of the Public Health Department for their loyal support and to the Chief Officers and staff of other County Council Departments for their helpful co-operation at all times.

A. G. SCOTT.

Public Health Department,

29, Thorpe Road,  
Norwich, NOR 01T.

(Tel. : Norwich 22288).

December, 1966.



# PUBLIC HEALTH STAFF

## County Medical Officer and Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

## Deputy County Medical Officer and Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H.

## Senior Medical Officer :

A. N. HUNTER, M.B., Ch.B., D.P.H.

## Senior Assistant Medical Officer :

M. W. BEAVER, M.B., B.S., D.P.H.

## Assistant County Medical Officers and District Medical Officers of Health :

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.)

J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H.

A. A. G. CARSON, M.B., Ch.B., D.P.H.

IRENE B. M. GREEN, M.D., B.S., D.P.H.

D. F. HADMAN, M.B., B.S., D.P.H.

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P.&S., D.P.H. (from 2.8.65)

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

C. T. JONES, M.R.C.S., L.R.C.P., D.P.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., D.P.H. (from 1.3.65)

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H. (to 25.6.65)

## Assistant Medical Officers :

### Full-time

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P. (from 21.4.65)

A. D. MACDONALD, M.D., Ch.B.

### Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

J. B. BENWELL, M.B., B.S., D.C.H.

SYBIL E. CATOR, M.B., Ch.B.

CHRISTINE R. COUPLAND, M.B., Ch.B.

G. I. DAVIES, M.D., B.S., D.P.H.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

ALISON M. B. HAMILTON, M.B., Ch.B., D.P.H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

A. JEAN LACEY, M.B., Ch.B., D.P.H.

GILLIAN LAWRENCE, M.B., B.S.

ROSEMARIE D. LINCOLN, M.B., B.S.

R. N. C. McCURDY, M.B., Ch.B., D.P.H.

ZOE T. SLATTERY, M.B., B.S., D.C.H.

## Chest Physicians :

(Joint appointments with East Anglian Regional Hospital Board)

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

**Chief Dental Officer :**

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

**Area Dental Officers :**

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.)

A. W. LONGSTAFF, B.D.S. (Durham) (to 30.6.65)

J. W. McQUISTON, L.D.S. (Q.U. Belf.)

J. L. TAYLOR, L.D.S., R.C.S. (Edin.) (from 1.9.65)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

**Dental Officers :**

**Full-time**

P. A. BETTS, L.D.S. (Sheff.)

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)

J. S. CLEMENTS, B.D.S. (B'ham.), L.D.S., R.C.S. (Eng.) (to 8.1.65)

J. H. DE MIERRE, L.D.S., R.C.S. (Eng.)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.)

A. HURLEY, B.D.S. (Durham)

R. JENNINGS, B.D.S. (Durham)

P. J. PEARCE, B.D.S. (Lond.) (from 1.2.65)

N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds)

**Part-time**

M. G. ANSON, L.D.S., R.C.S. (Eng.)

H. E. HOVELL, L.D.S., R.C.S. (Eng.)

W. NICHOLLS, L.D.S., R.C.S. (Eng.)

**Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:**

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

**Deputy Superintendent Nursing Officer:**

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N.

**Assistant Superintendent Nursing Officers:**

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N. (from 21.4.65)

**County Public Health Engineer :**

G. W. CURTIS, M.I.P.H.E., D.P.A.

**Deputy Public Health Engineer :**

F. S. CLAYTON, M.I.Mun.E., A.M.T.P.I.

**Design Engineer :**

D. W. MAYHEW, A.M.I.Mun.E., M.I.P.H.E.

**Senior Assistant County Public Health Officer :**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

**Superintendent Welfare Officer:**  
C. J. TAYLOR, M.B.E.

**Deputy Superintendent Welfare Officer :**  
D. R. INGHAM (from 21.1.65)

**Local Welfare Officers:**

G. R. ARMSTRONG	E. G. HUBBARD
A. BOOTHMAN	V. K. C. KIRBY
S. H. BOUGHEN	T. A. MAYFIELD (to 30.9.65)
J. COWELL	W. J. PEACOCK
S. J. DODMAN	F. L. RAY
C. J. GALLANT	J. A. ROWE
V. C. HALL	B. G. WESBY (from 18.10.65)

**Senior Home Teacher and Visitor for the Blind:**  
MISS H. G. BELLAMY

**Home Teachers and Visitors for the Blind:**  
MRS. E. M. COOPER  
MISS J. M. GOLDTHORPE (from 1.3.65)  
MISS D. H. LETHAM  
MRS. M. D. NEAVE  
MRS. O. OAKLEY  
MISS H. K. PAYNE  
MRS. K. M. READ

**Home Help Organiser:**  
MRS. E. I. SEPPINGS

**Health Education Officer :**  
MISS P. J. CHADWICK (from 2.8.65)

**Head Teachers—Junior Training Centres :**  
MISS T. BYLES  
MISS S. J. GEE  
MISS S. M. QUINSEE  
MRS. N. SNUTCH

**Manager—King's Lynn Adult Training Centre :**  
D. R. SINDALL (from 15.2.65)

**Mental Health Worker :**  
MRS. S. RAINBOW

**Home Teachers for Mentally Handicapped :**  
MRS. F. M. CHURCHWARD  
MISS J. C. CLAPSON  
MISS B. I. CUMING

**Chiropodists :**  
C. FLEMING, M.Ch.S.  
G. E. PENNEY, M.Ch.S.

**Chief Administrative Officer :**  
E. W. DURRANT

**County Analyst :**  
ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.



# I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage	...	...	...	...	...	1,302,501
Population—Estimated by Registrar General (mid-1965)	...	...	...	...	...	407,710
Estimated Product of Penny Rate for General Purposes (1965/66)	...	...	...	...	...	£45,403
Rateable Value for General Purposes (1st April, 1965)	...	...	...	...	...	£11,157,819

## Live Births

Number	...	...	...	...	...	6,766
Rate per 1,000 population	...	...	...	...	...	16.60

<b>Illegitimate Live Births</b> (per cent. of total live births)	...	...	...	...	...	6.03
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## Still Births

Number	...	...	...	...	...	88
Rate per 1,000 total live and still births	...	...	...	...	...	12.84

<b>Total Live and Still Births</b>	...	...	...	...	...	6,854
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<b>Infant Deaths</b> (deaths under one year)	...	...	...	...	...	109
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## Infant Mortality Rates

Total infant deaths per 1,000 total live births	...	...	...	...	...	16.11
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	14.94
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	34.31

<b>Neo-natal Mortality Rate</b> (deaths under four weeks per 1,000 total live births)	...	...	...	...	...	13.15
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<b>Early Neo-natal Mortality Rate</b> (deaths under one week per 1,000 total live births)	...	...	...	...	...	11.82
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<b>Perinatal Mortality Rate</b> (still births and deaths under one week combined per 1,000 total live and still births)	...	...	...	...	...	24.51
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## Maternal Mortality (including abortion)

Number of deaths	...	...	...	...	...	1
Rate per 1,000 total live and still births	...	...	...	...	...	0.15

## Live Births

6,766 live births were registered, giving a rate of 16.60, which was a decrease of 0.39 on the previous year. With the application of the comparability factor (1.04), the resultant figure is 17.26. The National rate was 18.1.

There were 408 illegitimate live births in 1965, comprising 6.03% of all live births. This shows an increase of 0.74% on the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

## Still Births

The still birth rate of 12.84 shows a decrease of 2.93 on the previous year and is lower than the national rate of 15.7.

## Infantile Mortality

There were 109 deaths of children under the age of one year. The resultant rate of 16.11 shows an increase of 0.53 on the previous year but is considerably lower than the national figure of 19.0 which in turn is the lowest on record for England and Wales.

# BIRTHS AND INFANTILE MORTALITY

TABLE 1.

County district.				Population 30.6.65	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
					Legit.	Illegit.	Total	Legit	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS—																			
King's Lynn ... ..				27,960	467	60	527	4	2	6	10	4	14	8	3	11	8	3	11
Thetford ... ..				8,400	224	9	233	1	—	1	7	—	7	5	—	5	4	—	4
				36,360	691	69	760	5	2	7	17	4	21	13	3	16	12	3	15
URBAN DISTRICTS—																			
Cromer ... ..				4,890	59	9	68	—	—	—	—	1	1	—	1	1	—	1	1
Diss ... ..				4,000	68	—	68	—	—	—	1	—	1	1	—	1	—	—	—
Downham Market ... ..				3,130	48	2	50	—	—	—	—	—	—	—	—	—	—	—	—
East Dereham ... ..				7,680	109	7	116	2	—	2	1	—	1	—	—	—	—	—	—
Hunstanton ... ..				4,060	46	4	50	—	—	—	2	—	2	2	—	2	1	—	1
North Walsham ... ..				5,280	85	3	88	—	—	—	4	—	4	2	—	2	2	—	2
Sheringham ... ..				4,880	45	8	53	1	—	1	—	—	—	—	—	—	—	—	—
Swaffham ... ..				3,390	51	1	52	2	—	2	2	—	2	2	—	2	2	—	2
Wells-next-the-Sea ... ..				2,450	30	2	32	1	—	1	—	—	—	—	—	—	—	—	—
Wymondham ... ..				6,150	85	4	89	1	—	1	2	—	2	2	—	2	2	—	2
				45,910	626	40	666	7	—	7	12	1	13	9	1	10	7	1	8
RURAL DISTRICTS—																			
Blofield and Flegg ... ..				37,740	545	26	571	8	1	9	9	—	9	5	—	5	5	—	5
Depwade ... ..				17,610	223	13	236	2	1	3	1	—	1	1	—	1	1	—	1
Docking ... ..				18,160	238	17	255	4	1	5	4	1	5	3	1	4	2	1	3
Downham ... ..				25,220	461	18	479	5	1	6	11	—	11	10	—	10	10	—	10
Erpingham ... ..				18,670	225	17	242	1	—	1	4	1	5	4	—	4	4	—	4
Forehoe and Henstead ... ..				29,450	537	42	579	4	1	5	5	1	6	4	1	5	3	1	4
Freebridge Lynn ... ..				12,640	215	7	222	4	—	4	5	—	5	5	—	5	5	—	5
Loddon ... ..				12,600	184	7	191	4	—	4	—	—	—	—	—	—	—	—	—
Marshland ... ..				17,550	243	17	260	3	1	4	6	2	8	5	2	7	2	2	4
Mitford and Launditch ... ..				17,670	246	25	271	1	—	1	5	—	5	4	—	4	4	—	4
St. Faith's and Aylsham ... ..				50,950	974	44	1018	16	—	16	8	2	10	8	2	10	8	2	10
Smallburgh ... ..				17,560	171	17	188	5	—	5	3	—	3	3	—	3	3	—	3
Swaffham ... ..				9,750	180	11	191	4	—	4	—	1	1	—	—	—	—	—	—
Walsingham ... ..				19,680	295	13	308	4	1	5	1	1	2	1	1	2	1	1	2
Wayland ... ..				20,190	304	25	329	2	—	2	4	—	4	3	—	3	2	—	2
				325,440	5041	299	5340	67	7	74	66	9	75	56	7	63	50	7	57
ADMINISTRATIVE COUNTY ... ..				407,710	6358	408	6766	79	9	88	95	14	109	78	11	89	69	11	80





89 deaths (82% of the total) occurred during the first four weeks of life and, of these, 80 took place during the first week.

### Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week combined per 1,000 total live and still births. This is a very useful statistic for as well as being an index of the material standards in a community, it can be taken as a measurement of obstetrical care.

The perinatal mortality rate in this county for 1965 (24.51) shows a decrease on the figure for 1964 (26.18), and is below the national rate of 26.9.

The figures compiled in this Department, with the place of birth, are given below. It should be noted that there is a discrepancy of 1 between our early neo-natal figure (79) and the Registrar General's figure (80) :—

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	...	...	...	19	14	33
Hospital	...	...	...	66	57	123
General Practitioner Unit	...			3	7	10
Other and Unknown		...		—	1	1
Total				88	79	167

(R.G. = 80)

### Maternal Mortality

There was 1 maternal death.

### Deaths

During 1965 there were 5,106 deaths and the death rate (12.52) per 1,000 of the estimated population was 0.52 higher than the previous year. The application of the comparability factor of 0.83 gives a rate of 10.39 which is lower than the England and Wales rate of 11.5.

51.3% of the deaths were of persons 75 years of age or over (see Table 2).

The cancer death rate per 1,000 of the population was 2.11 and the age distribution of deaths was as follows :—

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males	—	—	—	1	2	11	33	113	161	132	453
Females	1	1	1	3	5	11	45	81	120	138	406
	1	1	1	4	7	22	78	194	281	270	859

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade :—

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
1956	1.88	17.62
1957	2.01	14.54
1958	1.84	16.71
1959	2.13	16.27
1960	2.04	17.37
1961	1.92	19.18
1962	2.03	18.66
1963	2.02	18.12
1964	2.16	20.69
1965	2.11	22.82

There were 5 deaths from tuberculosis, all due to respiratory forms of the disease.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last 20 years:—

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1946	5.1	0.9	0.8	6.3			17.5		69.4	
1947	5.9	0.5	0.8	5.4			17.4		69.9	
1948	4.9	1.0	0.7	6.2			18.3		68.9	
1949	3.9	0.8	0.6	5.1			16.7		72.9	
1950	3.6	0.7	0.7	1.1	4.0		17.3		24.5	48.1
1951	3.5	1.0	0.8	1.4	3.5		16.5		24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5		17.2		24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3		17.1		24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9		16.4		25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1		16.8		25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8		16.6		25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7		17.8		24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4		17.2		24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7		16.5		25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3

## II. AREA ADMINISTRATION

The new local health office and clinic premises at Fakenham were officially opened by Mr. F. G. Jackson, the then Vice-Chairman of the Health Committee, on the 29th January. The facilities now available are much appreciated by the staff and by the members of the public who use them. Photographs and a plan appear elsewhere in the report.

Further consideration was given during the year to the provision of adequate accommodation at East Dereham where the premises are too small for present-day needs.

## III. CARE OF MOTHERS AND YOUNG CHILDREN

### Maternity Accommodation

55% of births to Norfolk mothers during 1965 were institutional as compared with 52% in 1964 and 35% ten years ago.

The Council's midwives have continued to provide reports on the home conditions of expectant mothers referred for hospital confinement on social grounds and a recommendation is made to the hospital authorities using the criteria set out in the report for 1964. 1,010 cases were investigated during the year and 745 were recommended for admission. Hospitals in the Norwich area require, as an additional item, a recommendation as to the suitability of their patients for 48-hour discharge.



DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts															Total	Age at death													
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland		Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—			
Tuberculosis, respiratory ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	2	1	—	—	—	—	5	—	—	—	—	—	—	—	1	—	1	3	—		
Tuberculosis, other ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilitic disease ... ..	—	—	1	—	—	1	—	—	—	—	—	—	2	2	—	3	—	1	—	3	—	1	—	—	—	1	—	15	—	—	—	—	—	—	—	—	2	7	6	—		
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases ...	1	1	1	—	—	—	—	—	—	1	—	—	—	1	1	2	—	1	—	—	—	—	—	2	—	2	—	13	—	—	1	—	—	—	1	—	2	1	2	1	5	—
Malignant neoplasm, stomach ... ..	13	1	—	1	1	—	1	1	2	1	1	1	8	2	3	4	5	5	1	2	6	5	12	4	5	4	1	90	—	—	—	—	—	—	5	4	13	33	35	—		
Malignant neoplasm, lung, bronchus ...	8	4	3	3	2	5	1	4	5	2	3	2	20	8	6	6	12	11	6	5	7	6	24	9	8	9	17	196	—	—	—	—	—	—	—	3	21	54	82	36	—	
Malignant neoplasm, breast ... ..	7	2	3	1	—	1	—	2	1	2	—	—	6	4	4	5	2	4	1	1	3	3	12	6	—	4	5	79	—	—	—	—	—	—	2	4	15	20	21	17	—	
Malignant neoplasm, uterus ... ..	3	1	1	—	1	—	—	1	—	—	—	1	4	3	1	3	3	3	1	—	2	4	7	—	2	1	—	42	—	—	—	—	—	2	1	9	11	14	5	—		
Other malignant and lymphatic neoplasms	30	9	8	4	8	8	2	7	10	11	3	10	48	15	22	18	20	32	13	11	11	17	60	20	11	17	27	452	—	1	1	1	4	3	9	29	96	131	177	—		
Leukæmia, aleukæmia ... ..	2	1	1	—	1	—	1	1	—	1	—	—	4	2	2	—	3	3	1	—	—	2	5	2	1	2	3	38	—	—	3	4	—	2	2	4	8	9	6	—		
Diabetes ... ..	2	—	—	—	—	—	1	—	—	1	—	—	10	6	1	2	3	4	4	3	—	—	3	2	—	2	2	46	—	—	—	1	—	—	2	1	8	15	19	—		
Vascular lesions of nervous system ...	48	12	10	5	10	20	16	9	12	10	5	13	72	39	33	37	43	68	17	23	17	34	81	32	18	30	32	746	—	—	—	—	2	1	5	18	75	201	444	—		
Coronary disease, angina ... ..	84	17	19	10	14	15	15	19	9	13	4	13	112	69	52	45	60	59	38	36	44	42	97	45	20	32	38	1021	—	—	—	—	—	4	18	51	163	321	464	—		
Hypertension with heart disease ... ..	1	—	1	—	—	—	1	2	1	—	—	1	11	1	1	2	2	2	2	1	4	2	9	3	3	1	1	52	—	—	—	—	—	—	—	—	8	18	26	—		
Other heart disease ... ..	18	13	8	7	2	12	4	10	28	4	6	15	142	44	23	12	38	56	8	15	13	50	90	33	10	28	30	719	—	—	—	—	1	1	2	17	38	126	534	—		
Other circulatory disease ... ..	8	4	2	3	—	2	2	4	3	4	—	3	21	14	4	14	12	35	6	15	10	8	20	5	7	2	11	219	—	—	—	—	1	1	1	4	22	43	147	—		
Influenza ... ..	2	—	—	—	—	—	—	—	—	—	—	1	6	1	1	—	—	1	1	—	2	2	2	—	3	2	1	25	—	—	—	—	2	—	1	1	3	5	13	—		
Pneumonia ... ..	44	7	11	—	8	10	4	6	6	3	5	7	41	22	21	12	18	31	16	4	18	17	48	13	6	7	10	395	6	10	2	2	1	1	6	5	15	74	273	—		
Bronchitis ... ..	15	1	5	3	5	5	4	6	3	2	1	—	13	3	6	11	3	10	8	4	4	7	15	9	4	5	8	160	—	—	—	—	—	—	—	4	27	50	79	—		
Other diseases of respiratory system ...	3	1	—	1	5	1	1	1	1	—	—	1	8	—	—	1	2	5	—	1	—	1	3	—	—	3	3	42	1	—	2	—	—	—	—	1	7	14	17	—		
Ulcer of stomach and duodenum ... ..	—	1	2	—	—	1	—	—	1	—	2	—	3	2	3	3	1	1	1	2	2	1	2	4	—	3	4	38	—	—	—	—	—	—	—	3	4	12	19	—		
Gastritis, enteritis and diarrhœa ... ..	2	—	—	2	—	1	—	3	—	—	2	1	3	2	—	—	1	1	—	—	1	1	1	2	1	2	—	26	—	1	1	—	1	1	—	2	3	7	10	—		
Nephritis and nephrosis ... ..	1	—	1	—	—	—	2	—	—	—	2	—	1	2	—	1	1	—	—	1	2	1	1	3	—	2	1	22	—	—	—	1	1	—	1	1	5	2	11	—		
Hyperplasia of prostate ... ..	4	—	1	—	2	—	—	1	—	—	—	1	4	1	3	2	1	1	3	1	2	1	3	6	2	1	1	41	—	—	—	—	—	—	—	—	4	10	27	—		
Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Congenital malformations ... ..	2	1	—	—	—	2	1	1	1	—	—	1	3	—	1	2	—	2	—	1	1	1	3	1	1	2	3	30	13	4	3	3	—	1	2	1	1	1	1	1	—	
Other defined and ill-defined diseases ...	29	6	8	2	8	6	3	10	3	6	2	5	34	15	19	24	28	28	22	8	16	19	29	17	10	15	14	386	66	2	—	3	2	6								





Generally speaking, if a home is unsuitable for a delivery it is unsuitable for an early discharge, so it can be expected that where a recommendation of "necessary" as regards hospital admission is made that home is also unsuitable for discharge at 48 hours. The few exceptions to this are where the husband is away from home or on nightwork at the expected time of delivery but can return home, or get leave, immediately. Criteria for a 48-hour discharge must be just as strict as for a home confinement, with the additional requirement that both patient and midwife must be happy about the arrangement. The fact that a patient has a large family and wants to return home early to look after them does not appear to be a real indication for a 48-hour discharge. One loophole in the early discharge procedure is that patients booked on medical grounds have occasionally been discharged early to quite unsuitable homes. I am pleased to say that we are now being asked to assess some patients in this category for their suitability for discharge at 48 hours.

Despite certain alleged advantages, early discharge must be considered to be an expedient that has been forced on those who have the care of expectant and nursing mothers by the shortage of hospital beds. It should be carried out as an elective procedure with full assessment of the home circumstances before the patient enters hospital and should not be used as a means of increasing maternity hospital turnover but of ensuring that those mothers who need a full ten days' stay in hospital get it under conditions of rest and relaxation, with opportunities for health education and guidance where needed.

**Unmarried Mothers**

Moral welfare workers employed by the Norwich and Ely Diocesan Councils have continued to follow up unmarried mothers, annual grants being paid to these organisations.

In 1965 there were 408 illegitimate live births and 9 illegitimate still-births. Of this total of 417 mothers (assuming no multiple pregnancies) 250 were visited by the moral welfare workers. (This figure does not include visits by workers of other denominations). 30 mothers were admitted to mother and baby homes with some financial assistance by the County Council towards maintenance charges.

The position where the County Council is required to provide financial assistance towards residential accommodation still only applies in a small proportion of unmarried mothers. Although this represents reduced expenditure by the County Council we must ensure that the girls, especially the very young ones, in real need of assistance are not deterred from applying for help because they fear that what has happened will become known locally and seek to obviate the risk of these young women being driven to find accommodation away from home under unsupervised conditions.

**Care of Premature Infants**

378 premature live births (21 less than in 1964) were notified as follows :—

Born in hospital	...	...	...	288
Born and entirely nursed at home or in a nursing home	...	...	...	74
Born at home or in a nursing home and transferred to hospital	...	...	...	16



323 of these infants survived 28 days. It is of interest to compare these figures with those of previous years. The following table illustrates the position :—

Year	Total Live Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total live births	No.	%	No.	%	No.	%
1956	5,815	315	5.4	172	55	143	45	283	90
1957	5,905	332	5.6	169	51	163	49	272	82
1958	6,005	358	6.0	191	53	167	47	308	86
1959	5,997	344	5.7	188	55	156	45	302	88
1960	6,190	333	5.4	210	63	123	37	296	89
1961	6,362	353	5.6	217	61	136	39	308	87
1962	6,378	347	5.4	212	61	135	39	307	88
1963	6,491	376	5.8	239	64	137	36	329	88
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85

A premature infant is here defined as one of birth weight of 5 lbs. 8 ozs. or less.

From this table it will be seen that although the percentage of premature live births compared with total live births has remained remarkably constant over the past decade, an increasing proportion of premature births is being anticipated and arranged for in hospital but, as yet, this has not resulted in a marked improvement in mortality.

37 premature still births (25 less than last year) were notified, 32 occurring in hospital and 5 at home or in a nursing home.

Three Queen Charlotte type oxygen tents are held at King's Lynn, Dereham and Norwich for use in domiciliary cases.

### Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council.

### Mothercraft Classes

Mothercraft classes were held at 40 centres and attendances numbered 10,526, 370 more than in 1964.

### Infant Welfare Centres

Medical officers regularly attend centres where the attendance of children averages 25 or more per session, other centres being visited periodically.

11 centres were closed during 1965 because of small attendances and 1 new one was opened. Sessions averaged 217 per month at 171 centres.



Numbers of children who attended were as follows :—

Born in 1965	...	...	...	4,848
Born in 1964	...	...	...	5,246
Born in 1960-63	...	...	...	5,206
				<hr/> 15,300
Total attendances				... <hr/> 62,778

The numbers of children who attended were 1,483 more than in 1964, but total attendances decreased by 556.

154 children were referred by infant welfare centre medical officers during the year for further investigation and treatment of conditions other than minor ailments.

689 children attended centres held at 7 R.A.F. Stations for Service families.

The Health Department has continued to make adjustments in the provision of welfare centres in small villages when the attendances fall to four or five, as obviously this is an uneconomical use of a health visitor's time. It must be pointed out that falling off in attendances is not due to a decline in popularity of the service but to population changes. Many smaller villages have suffered depopulation or the population is an ageing one with very few children under the age of one year. In such circumstances it is better to close the infant welfare centre and compensate for this by more frequent home visiting by the health visitors of the young children in these villages.

### Welfare Foods

The following preparations are normally available under the Council's scheme and are sold at cost price plus a 10% handling charge:—

Cow and Gate Full Cream  
Ostermilk No. 2  
Humanised Trufood  
S.M.A. (Milk Food)  
Adexolin (Vitamins A & D)  
Virol

Quantities ordered for distribution through local health offices during the past four years have been as follows:—

		Proprietary Brands of Milk Foods	Adexolin	Virol
Year		(packets)	(bottles)	(cartons)
1962	...	120,558	7,740	3,350
1963	...	93,570	9,528	1,344
1964	...	99,828	14,856	1,668
1965	...	96,216	19,428	1,668

National Welfare Foods are available from 170 distribution centres, 19 infant welfare centres and the 7 local health offices. Issues during the last six years have been as follows:—

Year		National Dried Milk	Cod Liver Oil	A & D Tablets	Orange Juice
		(tins)	(bottles)	(packets)	(bottles)
1960	...	63,739	21,224	15,933	156,804
1961	...	54,727	15,087	13,036	99,258
1962	...	47,713	6,851	8,624	60,274
1963	...	44,305	6,316	8,231	68,111
1964	...	40,633	5,525	8,193	73,318
1965	...	36,031	5,060	7,497	76,760

The steady decline in the issues of National Welfare Foods, with the exception of orange juice, has continued since the 1961 price increases, whereas the demand for proprietary brands of dried milk and vitamin supplements remains at a fairly high level. Looking at the total sales it is evident that with more babies born each year, more mothers are now obtaining their supplies of milk foods, and probably also of vitamin supplements, from other sources.

### Dental Treatment

The Chief Dental Officer reports:—

“The dental inspection and treatment of expectant and nursing mothers, together with pre-school children, was carried out by the school dental officers as a part of their routine duties. As the number of patients in this category was not great, they were seen mostly by appointment in normal clinical sessions at the dental clinics

During the year, the number of nursing mothers who attended for examination was much the same as 1964. However, there was a welcome increase in the number of pre-school children examined—55 more than the previous year. Of the total of 226, approximately half needed treatment.

A pilot scheme was started whereby the dental officer at Diss attended the local infant welfare centre at intervals to examine toddlers’ teeth and offer advice on dental problems. Any treatment following these visits was carried out in the school dental clinic, by appointment, on later dates. It is proposed to extend this scheme to other districts in the future.”

#### (a) Numbers provided with dental care

Category	Number of persons examined	Number of persons who commenced treatment	Number of courses of treatment completed
Expectant and nursing mothers ...	60	51	39
Children under five ...	226	140	113

#### (b) Forms of dental treatment provided

Category	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	23	74	2	—	68	4	18	7	2
Children under five	1	75	121	—	169	63	—	—	—



**Nurseries and Child Minders Regulation Act, 1948**

The number of registrations at the end of 1965 with the number of children to whom these relate are given in the table below with the 1964 figures for comparison:—

	Registrations		No. of Children	
	1964	1965	1964	1965
Premises	11	21	253	510
Persons	22	22	186	250
Totals	33	43	439	760

“Premises” refer to nursery classes, playgroups, etc., held in accommodation distinct from a person’s home in which case the registration is for a “Person”. In Norfolk, registration of premises is nearly always for rented accommodation such as village halls. Registrations under this Act have increased markedly during the year both in respect of new registrations and total number of children attending. There were 22 new registrations during 1965.

**Family Planning**

Clinics organised by the Family Planning Association at Norwich, King’s Lynn, Great Yarmouth and Thetford are available to Norfolk residents requiring advice on family planning. Residents in the extreme south-west of the county are able to visit the clinic at Cambridge organised by the Cambridge Women’s Welfare Association.

The County Council paid grants towards the expenses of the Norwich, King’s Lynn and Thetford clinics.

**Phenylketonuria**

Health visitors have continued routine urine tests for infants at three and six weeks of age. One case of phenylketonuria, the same number as last year, was detected and referred to a consultant paediatrician.

**Infant Methaemoglobinaemia**

The examination for nitrate content of water supplies from wells and bores intended for use for infant feeding was continued during the year.

In previous years I have been able to point to a steady reduction in the number of samples submitted for examination due to the continued extension



of water mains. However, the 313 initial samples submitted this year are only 13 less than the number submitted last year and the situation remains that, despite the spread of water mains in an area, many properties remain unconnected by virtue of their isolation.

A simplified form of examination is used in the Public Health Department and where borderline results are obtained the samples are submitted to the Public Analyst for a more detailed examination.

Samples are submitted prior to the birth of the child and, where the results are unsatisfactory, the parents are advised to use mains water or a nearby alternative supply which, after investigation, has been found to be safe from a nitrate content viewpoint. 241 alternative supplies were tested during the year.

Of the total number of samples submitted, two were found to have a dangerous nitrate content, one having 106 and the other 94 parts per million.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:—

Initial samples submitted by District Nurses and Health Visitors	...	...	...	...	313
Examinations carried out in County Public Health Engineer's Office	...	...	...	...	335
Samples sent to Public Analyst for a more detailed examination	...	...	...	...	77
Samples classified as satisfactory	...	...	...	...	235
Samples classified as unsatisfactory	...	...	...	...	100

### **Ascertainment of Deafness and other Abnormalities in Young Children**

Since October 1961, information covering nine categories at risk of developing deafness has been obtained by means of a questionnaire printed on the reverse of the notification of birth card. Infants included within one or more of these categories are followed up by health visitors trained in the testing of hearing in the young.

In 1963 a tenth question was added to the birth card questionnaire to cover congenital abnormalities and additional information was subsequently obtained for infants listed in this category as to the type and site of the abnormality.

Separate registers are kept of children at risk of deafness and of those with congenital abnormalities. There was a total of 1,835 on these registers at the end of the year. In 1965, 84 children were registered with congenital abnormalities compared with 105 during 1964.

41 members of the Council's health visiting staff have received instruction locally in the testing procedures from lecturers of the Department of Audiology and Education of the Deaf at Manchester University.

#### IV. NURSING STAFF

The staffing situation at the end of the year was as follows:—

						Whole-time	Part-time
<i>Supervisory Staff</i>							
Superintendent Nursing Officer	...	...	...	...	...	1	—
Deputy Superintendent Nursing Officer	...	...	...	...	...	1	—
Assistant Superintendent Nursing Officers	...	...	...	...	...	3	—
						—	—
						5	—
<i>Other Staff</i>						—	—
Midwifery only	...	...	...	...	...	22	1
Midwifery and home nursing	...	...	...	...	...	64	10
Midwifery, home nursing and health visiting	...	...	...	...	...	20	—
Midwifery, home nursing and school nursing	...	...	...	...	...	—	1
Midwifery, home nursing, health visiting and school nursing	...	...	...	...	...	19	—
Home nursing only	...	...	...	...	...	*20	7
Home nursing and school nursing	...	...	...	...	...	—	1
Home nursing and health visiting	...	...	...	...	...	—	1
Home nursing, health visiting and school nursing	...	...	...	...	...	2	—
Health visiting and school nursing	...	...	...	...	...	32	—
School nursing only	...	...	...	...	...	2	—
Tuberculosis health visiting only	...	...	...	...	...	2	—
						—	—
						183	21
						—	—

\*Includes 5 male nurses

The total number of whole-time staff was 5 more than at the end of 1964 and there were 6 more part-time staff. There were vacancies at the end of the year as follows:—

Midwifery duties only	...	...	...	...	...	1
Midwifery and home nursing	...	...	...	...	...	8
Midwifery, home nursing and health visiting	...	...	...	...	...	3
Health visiting and school nursing	...	...	...	...	...	1
						—
						13
						—

#### Training and Refresher Courses

4 students commenced their health visitor training in 1965 with financial assistance from the County Council. Of the 6 students sponsored by the County Council whose training was completed during the year, 5 were still employed by the Council at the end of the year, 3 as whole-time health visitors and the other 2 on health visiting duties combined with midwifery and home nursing. Students are not required, however, to resume or take up employment with the Council on completion of training.

2 district nurse training courses, arranged by the Council under the auspices of the Queen's Institute of District Nursing, were attended by 18 nurses. 11 of these were already employed by the Council and 7 were employed by neighbouring authorities. All were successful in passing their examinations.



Refresher courses were attended by nursing staff as follows:—

For supervisors of midwives	...	...	3
For midwives	...	...	25
For home nurses	...	...	4
For health visitors	...	...	9
Family psychiatry	...	...	2

### Houses for Midwives and Home Nurses

1 new house built for the Council at Reepham was completed during the year. Difficulty in obtaining suitable sites is frequently experienced and holds up the building of houses in some areas.

The housing situation at the end of the year, so far as whole-time permanent staff were concerned, was as follows:—

	No. of Houses	No. of Staff
Houses owned by the Council	55	61
Houses hired by the Council	26	27
Accommodation provided by staff	59	59

Of 14 other houses owned by the Council, 10 were unoccupied at the end of the year because of vacancies. 1 house not needed by a midwife or home nurse was occupied by a whole-time health visitor, 2 others by dental officers, and 1 by a teacher.

16 of the houses owned or hired by the Council were furnished either in whole or part.

### Transport

Members of the Council's staff are normally expected to provide cars for their official duties but, in the case of midwives and home nurses, the Council is prepared to do so where the individual prefers this arrangement. 45 County Council cars were being used by nursing staff at the end of the year.

## V. MIDWIFERY

The Council's midwifery services continue to be carried out by whole-time midwives and midwives who have home nursing or home nursing and health visiting duties. 22 whole-time and 1 part-time staff were employed exclusively on midwifery duties at the end of the year, together with 114 midwives (11 of them part-time) who also undertook other nursing duties. The total whole-time equivalent was 69.23 and the ratio per 1,000 population was 0.17. This is the traditional system for predominantly rural areas but there are signs that this arrangement cannot continue for ever as there is a trend towards whole-time health visiting and posts combining all three duties are becoming increasingly hard to fill.



One of the problems of domiciliary midwifery can be deduced by scrutiny of the tables and figures given below. In 1965, 3,069 domiciliary births were attended by approximately 148 midwives. This gives an average of between 20 and 21 births per midwife. It is obvious that some midwives deliver far more than this, especially the full-time midwives: it follows, therefore, that a large number are falling below this figure.

The practice of midwifery is one where constant application is necessary to maintain skill and efficiency. It is doubtful if this can be done with a yearly case load of much less than the present average and the problem must be watched carefully.

There is, of course, more work arising from the early discharge from hospital of nursing mothers who require continued care from the domiciliary midwife when they get home. This work cannot really be regarded, however, as maintaining the skill of a midwife.

### Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is carried out by the Council's supervisory nursing staff, acting as non-medical supervisors. In 1965, 221 midwives gave notice of their intention to practise in the county and 39 ceased to practise, leaving a net figure of 182 at the end of the year (1 more than at the end of 1964) as follows:—

<i>Institutional</i>				
Hospitals	...	...	...	32
Nursing Homes	...	...	...	2
				—34
<i>Domiciliary</i>				
Local health authority			...	145
Private practice	...	...	...	3
				—148
				<hr/> 182 <hr/>

### Deliveries attended by County Council's Domiciliary Midwives

Comparative figures for the past three years are as follows:—

	1963	1964	1965
Midwifery/maternity cases (doctor not present) ... ..	1,716	1,915	1,471
Maternity cases (doctor present) ...	1,354	1,483	1,574
	<hr/> 3,070 <hr/>	<hr/> 3,398 <hr/>	<hr/> 3,045 <hr/>

The Council's midwives paid the following visits to these cases:—

	1963	1964	1965
Maternity and Midwifery ... ..	60,732	63,294	50,103
Ante- and post-natal ... ..	39,393	43,289	42,789

In addition, 838 visits were paid to 80 cases who miscarried and 13,937 visits were made to 2,845 mothers confined in institutions and discharged before the tenth day.

**Births**

The number of births during the year to women normally resident in the authority's area has continued to increase, and the table below sets out the births notified under the Public Health Act, 1936, as adjusted by notifications transferred in or out of the area :—

	1963			1964			1965		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
LIVE									
Actual	3,166	1,731	4,897	3,180	1,916	5,096	3,052	2,023	5,075
Adjusted	3,162	3,196	6,358	3,168	3,513	6,681	3,043	3,678	6,721
STILL									
Actual	30	20	50	16	40	56	17	24	41
Adjusted	30	76	106	16	82	98	19	69	88
TOTAL									
Actual	3,196	1,751	4,947	3,196	1,956	5,152	3,069	2,047	5,116
Adjusted	3,192	3,272	6,464	3,184	3,595	6,779	3,062	3,747	6,809

**VI. HEALTH VISITING**

Health visiting was being carried out at the end of the year by 34 whole-time health visitors (including 2 whole-time tuberculosis health visitors) and by 42 nurses (including 1 part-time nurse) who also undertook midwifery and/or home nursing duties. 2 of the former and 12 of the latter were so employed under dispensations issued by the Ministry of Health. All the whole-time health visitors (excluding the tuberculosis health visitors) and 22 of the other staff were also acting as school nurses.

The whole-time equivalent of the health visiting staff was 42.64, excluding school nursing duties but including the 2 whole-time tuberculosis health visitors. This figure was an increase of 7.45 over the figure for the previous year but this is mainly accounted for by a re-apportionment of time as between health visiting and school nursing duties. The Council's Ten Year Plan proposals, which were revised during the year, provide for a gradual increase to the equivalent of 72 whole-time health visitors in 1975, excluding school nursing duties.

Health visiting duties undertaken during the past 5 years are summarised in the following table:—

Year	Ante-natal visits	First visits to children under 1 year	Total visits to children 0—5 years	Other visits (e.g. to elderly, physically handicapped, etc.)	Total visits
1961 ...	1,827	6,980	96,884	4,670	103,381
1962 ...	1,533	7,266	89,498	5,259	96,290
1963 ...	1,439	†6,117	92,916	5,206	99,561
1964 ...	1,727	‡6,779	100,198	6,352	108,277
1965 ...	1,604	*6,873	100,179	6,752	108,535

†Born in 1963.      ‡Born in 1964.      \*Born in 1965.



## VII. HOME NURSING

20 whole-time and 7 part-time staff were employed exclusively on home nursing duties at the end of the year, together with 118 nurses (13 of them part-time) who also undertook other nursing duties. The whole-time equivalent was 77.45, an increase of 9.62 on last year, partly due to a re-apportionment of time to the various nursing services. The current Ten Year Plan proposals allow for an increase to the equivalent of 84 whole-time home nurses by the end of 1975 but the filling of vacancies and the recruitment of additional staff are still very difficult.

Comparative figures for cases visited and visits paid in each of the last three years are :—

	No. of cases			No. of visits		
	1963	1964	1965	1963	1964	1965
Medical ...	4,759	4,726	4,918	92,672	104,429	108,264
Surgical ...	2,083	1,946	1,945	34,840	37,389	37,026
Tuberculosis ...	21	21	31	1,193	1,770	1,494
Other infectious diseases ...	9	3	3	109	3	28
M a t e r n a l complications	50	69	49	472	548	406
Others ...	42	72	73	1,207	653	1,534
	<u>6,964</u>	<u>6,837</u>	<u>7,019</u>	<u>130,493</u>	<u>144,792</u>	<u>148,752</u>

101,029 visits were paid to 4,602 patients over 65 years of age.

951 patients each received more than 24 visits during the year.

## VIII. VACCINATION AND IMMUNISATION

In accordance with Ministry of Health Circular 20/64, records of vaccination and immunisation are now required only for children who have not yet reached their sixteenth birthday. General medical practitioners were notified that these revised arrangements would apply from 1st April, 1965, and were given full details of the fees payable for such records. The grouping of years of birth has also been changed on the statistical return submitted to the Ministry of Health to provide more precise information about the ages at which primary courses and reinforcing doses are given and comparative figures for the county for the last three years should therefore be regarded in the light of these amendments.

### Vaccination against Smallpox

The total number of children receiving protection against smallpox has risen steadily over the last 3 years and the increasing preponderance of those vaccinated in the 1—4 age group reflects the policy advocated by the Ministry of Health to administer this vaccine between the first and second birthdays.

Comparative figures for the last 3 years are given below :—

Year	Primary vaccination				Re-vaccination
	Under 1 year	1-4 years	5-14 years	Total	
1963 ...	1,085	600	143	1,828	252
1964 ...	1,054	1,626	69	2,749	193
1965 ...	807	2,473	148*	3,428	172

\* This figure is for age group 5-15



The family doctor carries out the majority of vaccinations or re-vaccinations, although a small number of children receive their protection from medical officers at infant welfare centres at the request of parents.

### Immunisation against Diphtheria

The numbers of children immunised again show an improvement over those for the previous year, particularly in the case of primary immunisation of pre-school children, and there is also a 22% increase in the total number of booster doses given.

Year	Under 1 year	Primary Course		Total	Re-inforcing Dose		Total
		1-4 years	5-14 years		1-4 years	5-14 years	
1963	... 1,651	3,001	707	5,359	756	3,986	4,742
1964	... 1,859	3,295	768	5,922	1,240	6,010	7,250
Year	Under 1 year	Primary Course		Total	Re-inforcing Dose		Total
		1-3 years	4-15 years		1-3 years	4-15 years	
1965	... 2,018	3,626	554	6,198	1,585	7,302	8,887

The immunity index rose to 73% in 1965 from 68% in the previous year and 64% at the end of 1963. This indication of the general level of protection against diphtheria can be calculated each year by applying the following formula :—

$$\frac{\text{No. of children born in the preceding year who have been immunised at any time.}}{\text{No. of live births during preceding year.}} \times 100$$

The County Council supplies diphtheria antigen either singly or in combination with the tetanus and pertussis antigens (triple antigen or diphtheria/tetanus). The immunisation of young children is carried out by the family doctor or by the medical officer at the infant welfare centre, according to the parents' wishes. For children of school age, primary and re-inforcing injections are usually given by the school medical officer after parental consent has been obtained.

### Immunisation against Whooping Cough

Protection against whooping cough is usually given in infancy by the use of triple antigen and the figures are therefore similar to those for primary immunisation against diphtheria :—

Year	Under 5 years	Over 5 years	Total
1963	4,508	82	4,590
1964	5,000	84	5,084
	Under 4 years	4-15 years	
1965	5,598	168	5,766

While the level of the immunisation index indicates that almost three-quarters of infants do eventually receive immunisation, one must bear in mind that much of this is not achieved until after the age of six months. Early protection against pertussis is extremely important as most deaths from the disease occur in infants under six months of age. To ensure protection against a fatal issue, at least two injections should be received by every infant well before the age of six months.

### Immunisation against Tetanus

There were 3 reported cases (all male) of tetanus during the year, one of whom, a builder's labourer aged 16 years, died in hospital.

Comparative figures of immunisation for the past three years are:—

Year	Primary Immunisation		Re-inforcing doses	
	0-15 years	16 years and over	All ages	Total
1963 ...	7,208	1,856	3,339	12,403
1964 ...	7,377	1,377	7,238	15,992
1965 ...	7,398	Not recorded	9,851	17,249

Although primary immunisation of children shows only a slight upward change in each of the last two years, the increase in the number of reinforcing injections given, in particular to school children, is welcomed. The figure of 9,851 booster doses given is, moreover, confined to children under the age of sixteen years, whereas the figures for preceding years include reinforcing injections given to adults, which, as stated at the beginning of this section of the report, are no longer recorded.

The vaccine also continues to be available to all practitioners for administration to adults and is particularly recommended for those in occupations carrying a higher risk, e.g. land, forestry and construction workers and motor mechanics.

### Vaccination against Poliomyelitis

During the year, a total of 6,407 persons completed full primary courses of vaccination, of which only 270 were by injection, including 107 through the medium of quadruple vaccine.

Comparative figures for the last three years are:—

	Primary Immunisation			Re-inforcing doses		
	1963	1964	1965	1963	1964	1965
Sabin (oral) vaccine ...	5,880	6,294	6,137	6,829	4,628	3,922
Salk vaccine ...	271	225	270	534	108	70
Total (all ages) ...	6,151	6,519	6,407*	7,363	4,736	3,992*

### Primary Vaccination

Year		0-3 years		4 years and over	
		Oral	Salk	Oral	Salk
1963 ...		4,105	180	1,775	91
1964 ...		5,196	149	1,098	76
1965 ...		5,533	241	604*	29*

\* Under 16 years of age.

Late in the year the administration of oral poliomyelitis vaccine at the same visit as that for primary or booster doses of diphtheria, whooping cough and tetanus vaccine was initiated and this enabled the following revised schedule of immunisation in infancy to be advised with effect from 1st September, 1965.

### Protection in childhood

Age of child	Visit No.	Dose	Vaccine
1-6 months	1	{ First	Diphtheria/whooping cough/tetanus
		\ First	Oral poliomyelitis
	2	{ Second	Diphtheria/whooping cough/tetanus
		\ Second	Oral poliomyelitis
	3	{ Third	Diphtheria/whooping cough/tetanus
		\ Third	Oral poliomyelitis
18 months	4	Booster	Diphtheria/whooping cough/tetanus
1-2 years			Smallpox vaccination
School entry		{ Booster	Diphtheria/tetanus
		\ Booster	Oral poliomyelitis
8-10 years		Booster	Diphtheria/tetanus
8-10 years			Smallpox re-vaccination



## **Vaccination against Anthrax**

In September, a circular (19/65) was received from the Ministry of Health pointing out the desirability of offering vaccination against anthrax for workers exposed to special risks of contracting this disease, such as those regularly handling animal hides and hair or bone, hoof and horn meal imported from certain countries.

Whilst there are no premises in the administrative county holding such potentially infected material, it was felt that it would be sensible to offer active immunisation against anthrax to workers who may be at greater risk than the general population, for example, those in knackers' yards and in premises dealing with hides or the manufacture of bone meal.

Arrangements were therefore made through District Medical Officers of Health to refer any known workers in such establishments to the family doctor who would have the choice of carrying out the immunisation himself or leaving it to the medical officer to arrange.

Vaccine is obtainable free of charge from the Central Public Health Laboratory, Colindale Avenue, London, N.W. 9, but no records of immunisations are required by the County Council and no fee is payable.

## **IX. AMBULANCE SERVICE**

### **Ambulances**

The Norfolk Voluntary Ambulance Committee operates the agency ambulance service in conjunction with 18 district ambulance committees, each with their own local ambulance station. The permanently-manned county ambulance control in the Public Health Department generally co-ordinates these arrangements by telephone and by a radio control system which is due for replacement in 1966.

The Council, in consultation with the Norfolk Voluntary Ambulance Committee, some two years ago decided to standardise on the type of vehicle to be purchased for the county ambulance service. With a fleet of 26 ambulances, the policy is to provide 3—4 replacements each year and over the last 2 years 5 Bedford ambulances with Hawson semi-forward conversion (petrol engine) have been purchased and a further 4 are on order.

During the year under review the Voluntary Ambulance Committee has organised courses of lectures on advanced first-aid and allied subjects for ambulance personnel and has continued with the policy of encouraging ambulance drivers to qualify for membership of the Institute of Advanced Motorists.

Discussions are continuing for the transfer of the Norwich District ambulance station from the Carrow Abbey headquarters of the British Red Cross Society to other premises adjacent to the Norwich Ring Road. Negotiations are in hand with the Norwich County Borough Council for the use of part of these premises and it is hoped that the transfer may be arranged early in 1966. Negotiations are also continuing with the King's Lynn Hospital Management Committee and the East Anglian Regional Hospital Board for a site to be located within the area earmarked by the Hospital Board for building the new district hospital on the outskirts of King's Lynn near the new Ring Road. It is hoped that in due course it may be possible for the Council to provide a purpose-built ambulance station there, serving King's Lynn and district, replacing the existing station at present located in Southgate Street in hired garages.

In accordance with the ascertained running costs for the year ended 31st March, 1965, the mileage repayment rate for the current financial year was fixed at 2/9d. per mile with effect from 1st April, 1965, as compared with



2/7½d. for the previous twelve months. In addition, the Council agreed to make £9,600 available for vehicle replacements for the financial year ending 31st March, 1967, compared with £6,500 in 1965-66.

Although the number of patients conveyed by ambulances continues to increase, the mileage per patient for 1965 is the lowest yet, due to the constant efforts to co-ordinate routine journeys, aided by the radio communications system. The comparable figures for the past five years are:—

Year			Patients	Mileage	Mileage per Patient
1961	...	...	15,549	342,568	22.03
1962	...	...	15,515	362,740	23.38
1963	...	...	16,644	383,630	23.05
1964	...	...	19,242	399,002	20.73
1965	...	....	20,869	426,913	20.46

**Car Service**

Some 205 car owner-drivers have continued to convey Norfolk sitting-cases mostly to and from the main hospital centres at Norwich and King's Lynn. 68 are licensed for private hire. Continued efforts are made to co-ordinate car journeys through the control centres at Norwich and King's Lynn, journey instructions being telephoned to individual drivers usually one day in advance.

Mileage payments are made at the following rates:—

	Up to 1,399 c.c.	Over 1,399 c.c.
First 1,000 miles	7½d. per mile	8d. per mile
Over 1,000 miles	5½d. per mile	6d. per mile
Drivers registered as taxi or private hire paid 7½d. for all mileage.		Drivers registered as taxi or private hire paid 8d. for all mileage.

The average miles per patient during the year is the highest since 1960, in spite of the comparatively small increase in the number of patients carried. Factors contributing to this increase in miles per patient are difficulties in co-ordinating journeys due to late notification of cases to be conveyed; increasing numbers of patients requiring escorts which limit the number of cases per car and, latterly, a difficulty in filling in gaps in some districts where owner-drivers have retired from the service, resulting in longer detours for certain patients. Intensified efforts are being made to recruit drivers in such districts.

Comparable figures for the past five years are:—

Year			Patients	Mileage	Mileage per Patient
1961	...	...	57,942	1,182,545	20.41
1962	...	...	61,296	1,326,864	21.65
1963	...	...	66,936	1,353,576	20.22
1964	...	...	69,998	1,448,024	20.68
1965	...	...	71,567	1,589,246	22.20

Close liaison is maintained with hospital staffs and family doctors whose help in the Council's efforts to co-ordinate journeys is appreciated. Nevertheless, there are problems in a large rural county such as Norfolk. Patients receiving postal notification of appointments often leave it until the last minute before approaching their doctors for an order for car service transport. There is also the ever-increasing tendency on the part of the general public to regard the car service as a substitution for non-existent or inconvenient public transport. In the latter part of the year under review there was an insufficient number of drivers available in certain districts. The use of 4/6 seater cars on a mileage payment basis is certainly the most practical and



economic method of providing sitting-case transport in rural areas. However the fact remains that practically half the journeys are with one patient only and much has still to be done by way of concerted efforts between hospitals, doctors, patients and the ambulance authority if the Council is to keep costs within reasonable limits. Another factor being looked at is the patients' standard of comfort in the privately-owned cars enrolled in the service. Safety belts on front seats, heaters, safe driving standards and physical fitness to drive are all points receiving consideration.

## X. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

Chest Clinics are held by Dr. A. H. C. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth and by Dr. G. F. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham.

#### (a) Incidence

Comparative figures of new cases of tuberculosis notified during the past five years are as follows:—

Year	Respiratory	Non-Respiratory	Total
1961 ...	123	17	140
1962 ...	108	16	124
1963 ...	65	23	88
1964 ...	62	27	89
1965 ...	59	20	79

The incidence of new cases of respiratory tuberculosis has declined dramatically during the last 20 years and it is interesting to review the actual figures. In 1945, 246 new cases were notified and the number of notifications did not fall below 200 until 1953. In 1955, the figure was 153 and did not fall below 100 until 1960 when it was 94. As will be seen from the figures quoted above, there was an increase during the following year to 123 due to outbreaks at Little Plumstead Hospital but the average number of new cases notified during the last three years was only 62.

During the same period of 20 years, the number of new cases of non-respiratory tuberculosis has fallen from 159 in 1945 to 20. Of the latter, 6 were infections of the kidney, 5 glands of the neck and the remainder of various other sites.

#### (b) Mortality

Mortality figures for the same period are:—

Year	Respiratory	Death Rate per 100,000 Population	Non-Respiratory	Death Rate per 100,000 Population
1961 ...	17	4.2	—	—
1962 ...	12	2.9	3	0.75
1963 ...	7	1.7	2	0.5
1964 ...	6	1.5	2	0.5
1965 ...	5	1.2	—	—

The number of deaths from tuberculosis has fallen even more sharply during the last two decades. In 1945, there were 102 deaths from respiratory tuberculosis and 22 from the non-respiratory forms, whereas the numbers in 1965 were 5 and none respectively. The age groups of the persons whose deaths were due to respiratory tuberculosis were:—

35—44	...	...	1
55—64	...	...	1
65—74	...	...	3

(c) **After-Care Register**

The number of respiratory cases on the register continues to decrease. The following table shows the number on the register at the end of each of the last five years:—

Year	Respiratory	Non-respiratory	Total
1961 ...	1,225	118	1,343
1962 ...	1,169	119	1,288
1963 ...	1,091	101	1,192
1964 ...	994	108	1,102
1965 ...	940	106	1,046

(d) **Provision of Extra Nourishment**

23 cases were receiving free milk at the end of 1965.

(e) **Shelters**

The position at the end of each of the last five years has been as follows:—

Year	No. available	No. in use
1961 ...	27	15
1962 ...	26	15
1963 ...	26	14
1964 ...	23	11
1965 ...	19	10

Of the 10 shelters in use at the end of the year, only 4 were being used by tuberculous patients, the remainder having been made available for other purposes.

(f) **B.C.G. Vaccination**

This scheme remained unchanged. Particulars of children skin-tested and vaccinated during the last 5 years are as follows:—

Year	Tested	Negative	Vaccinated
1961 ...	4,527	3,598	3,499
1962 ...	4,213	3,250	3,192
1963 ...	4,455	3,716	3,619
1964 ...	3,632	3,204	3,164
1965 ...	4,336	3,663	3,563

(g) **General**

The Council's liability in connection with the rehabilitation of one case at Papworth ceased at the end of July.

Arrangements are made for members of the Council's staff whose duties involve close contact with children to have chest X-ray examinations.

The British Red Cross Society's library service is available for infectious cases and the local W.V.S. clothing depots supply clothing for necessitous patients. The Friends of Kelling also provide patients with amenities not otherwise available.

(h) **Medical Arrangements for Long-Term Immigrants**

In January, arrangements for dealing with the special problems arising in connection with the health and treatment of long-stay immigrants to the United Kingdom were suggested by the Ministry of Health. These included steps to ensure that at an early date immigrants learn how to use the health service and are persuaded to register with a general medical practitioner with a view to having a chest X-ray, particularly if they have come from countries where tuberculosis is prevalent. It was further suggested by the Ministry of Health in April that immigrant youngsters should be offered the full facilities



of B.C.G. vaccination schemes within a wide age range and that adults should have an X-ray on arrival, together with tuberculin tests and B.C.G. vaccination, if indicated.

In Norfolk, immigrants do not create any serious health problems, the vast majority arriving for seasonal domestic work, but arrangements have been made for immigrants notified to the Public Health Department to be visited by the district medical officer or health visitor and for the youngsters to be included in the Council's B.C.G. vaccination scheme.

#### (i) Joint Report of Chest Physicians

"The fact that only five persons in Norfolk died from respiratory tuberculosis in 1965 is an adequate illustration that tuberculosis is no longer a significant cause of death. It should be noted however that over the past three years the incidence of new patients suffering from tuberculosis remains much the same. These patients can all be readily treated by modern methods and failure to control the disease is now extremely rare.

These new patients have all been infected by persons suffering from infectious tuberculosis who are in the community and control of tuberculosis cannot be achieved until all the sources of infection have been identified and treated. The Mobile Radiography Unit is based on the Norwich Chest Clinic and carries out surveys both of the rural population and of urban area and factory workers. There are two large factories not situated in the administrative county where we always pick up several fresh cases of tuberculosis and the conclusion seems inevitable that there are unidentified sources of infection in these factories. As long as chest X-rays remain on the present voluntary basis there seems little prospect of identifying the sources of infection who do not present themselves for chest X-ray.

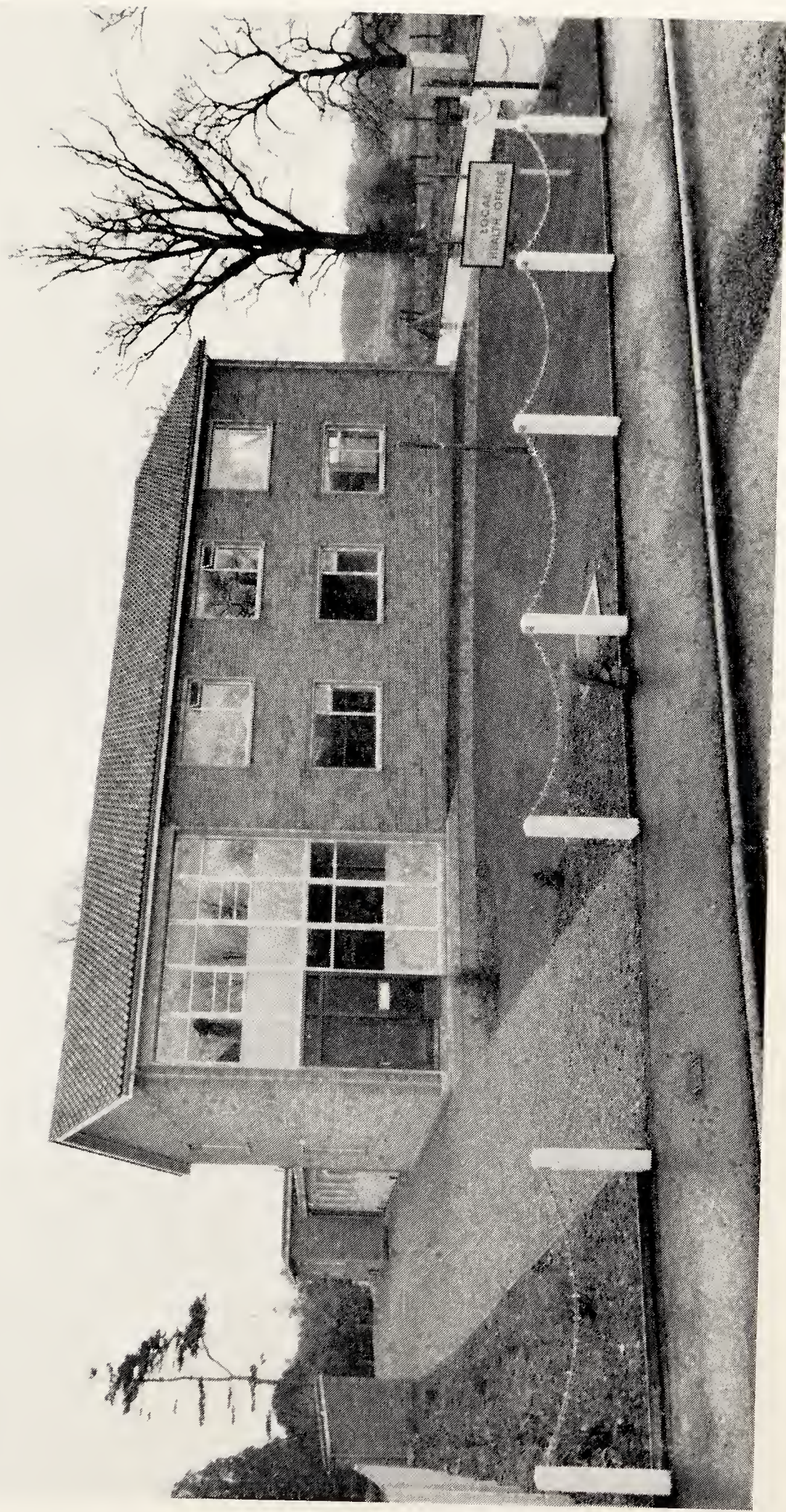
For several years, indices of tuberculous reactors among school children aged 13 have been available as part of the B.C.G. programme. These figures give a very good indication of the amount of tuberculosis in the population. The latest overall figure of 11.4% positive is reasonably satisfactory and no local increased incidence of infectivity is apparent. It can be expected that this figure will gradually reduce over the years. There is no doubt that this is a valuable method of observing the amount of tuberculous infection in the community."

#### Health Education

During 1965, the programme of monthly health education subjects was continued and appropriate literature and posters sent out to the health visitors and local health offices. Subjects were, as far as possible, topical for the particular month and the full programme is given below :—

January	-	-	Cold Injury and House Heating.
February	-	-	Accidents in the Home.
March	-	-	Foot Health—Care of the Feet.
			Selecting Shoes for Children.
April	-	-	Nutrition—Food Values.
May	-	-	Health and Holidays (I).
June	-	-	Health and Holidays (II).
July	-	-	Food Hygiene for All.
August	-	-	Poisons in the Home.
			Poisonous Berries
September	-	-	Personal Hygiene.
October	-	-	Fires and Fireworks.
November	-	-	Smoking.
December	-	-	Safe and Happy Christmas.





FAKENHAM LOCAL HEALTH OFFICE—FRONT VIEW





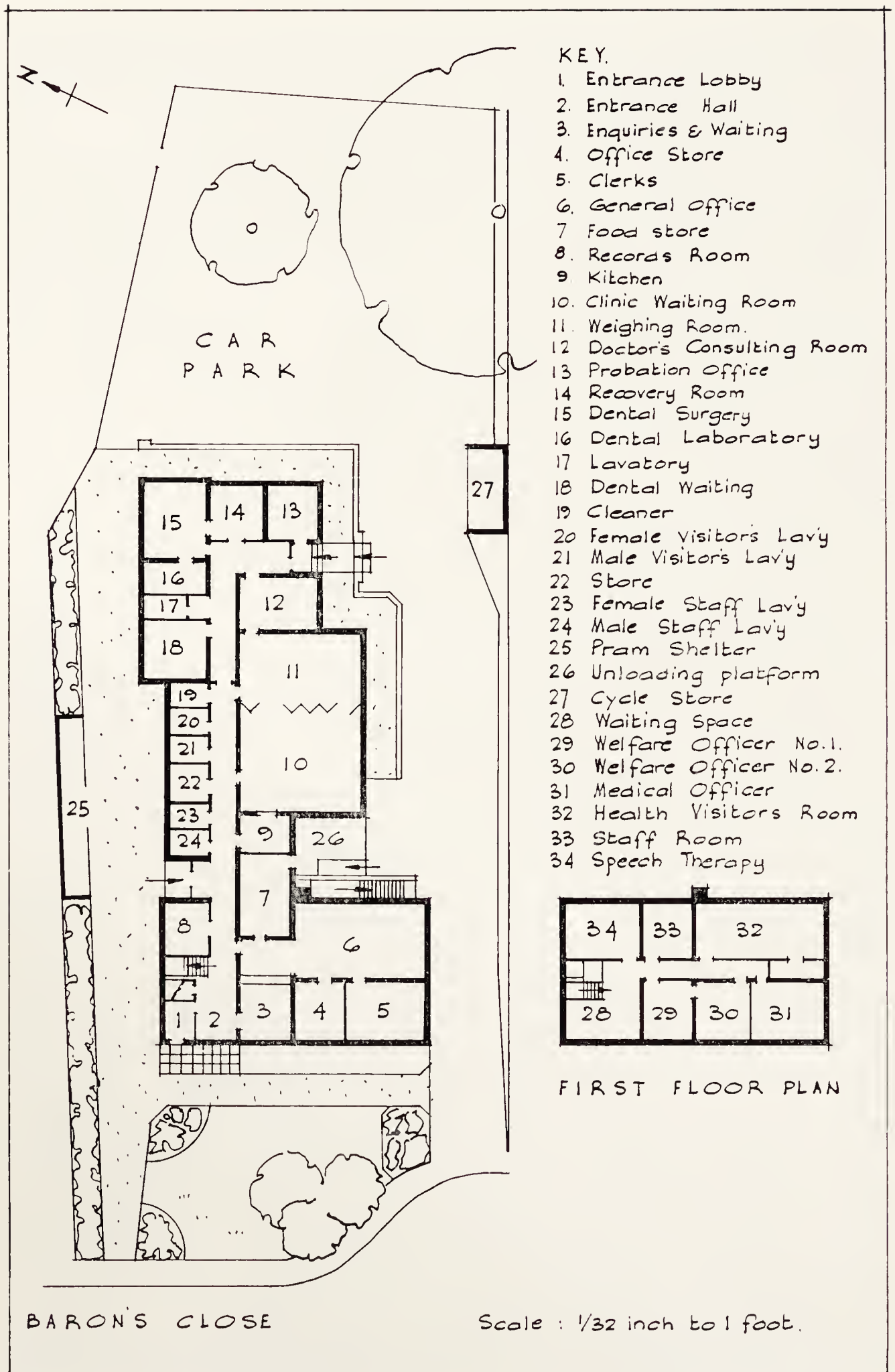
FAKENHAM LOCAL HEALTH OFFICE—REAR VIEW





FAKENHAM LOCAL HEALTH OFFICE CLINIC SUITE—WAITING ROOM AND WEIGHING ROOM





FAKENHAM LOCAL HEALTH OFFICE—PLAN

Most health education is conducted by the health visitors. The monthly topics provide a subject for discussion so that mothers at infant welfare clinics may have their questions answered.

Mothercraft classes held by the midwives with the help of the health visitors continued successfully.

In schools some progress was made. The area medical officer for King's Lynn, at the request of the head teacher, talked individually to school leavers at a school on the dangers of venereal disease. The area medical officer for the Depwade and Loddon areas set up displays on health topics in schools and also in libraries, for the general public. Posters and literature were also distributed in other areas, and in some general practitioners' surgeries.

Various individual talks were given by members of the public health staff to schools, clubs and other organisations. Several of the health visitors contributed to their local British Red Cross teaching programmes.

At the Royal Norfolk Show an exhibition was held depicting the work of the Public Health Department, including a display of health education material. The whole display was not sufficiently visually attractive to attract the attention of many people, although the time and energy expended was considerable. With the resources available, the stand could not hope to compete with those of commercial undertakings. It was felt that future exhibits should not be part of a stand with so many different aspects of County Council work. Also it should present a much greater visual impact.

The Department helped distribute posters and literature as part of the National Fire Campaign in October.

Help was also given with an exhibition of the work of the mentally handicapped in August at the East Anglian Fair.

At the beginning of August the health education officer commenced her duties. This was the answer to the need for someone to be responsible full-time for administration of all health education and to liaise with the various departments and personnel that were involved. One person was obviously not able to conduct health education throughout the county. The health education officer continued to utilise the services of all available staff to continue and expand programmes in all areas. The importance of personal contact with the personnel cannot be over-emphasised, to inform them of services now available and to help them prepare talks and displays.

Various visual aids were made up for the use of medical officers, health visitors and public health inspectors and visual aid material on various topics was collected.

In November a study day was held. All full-time health visitors, the assistant county medical officers, medical officers at headquarters, the county public health inspector, the education department's representative and the chief dental officer were invited. About 50—60 people attended. The programme was as follows :—

Introduction	- - -	Dr. M. W. Beaver, Senior Assistant Medical Officer.
Food Hygiene)		Dr. D. F. Hadman, Assistant County Medical Officer.
Home Safety }		
Discussion		
COFFEE		
Methods and Materials	-	Miss P. J. Chadwick, Health Education Officer.
Film	- - -	Examining the New Born Baby.
LUNCH		
Film	- - -	Learning to Live.
Discussion of Film	-	Mrs. R. B. Dalliston, Health Visitor.
TEA		
Film	- - -	The Smoking Machine
Discussion and Summary		



The participants had plenty of time to discuss each topic and the day proved a success. It appeared that our own staff could provide enough material for such a day without bringing in an outside organisation as was done in the previous year, although this might prove to be more beneficial on a specialised subject. In future it is hoped to hold a study day of this kind every six months. Bringing all workers in the health education field together for discussion is invaluable.

The health education officer organised some afternoon sessions with groups of health visitors in their own areas, mainly to discuss production of visual aids. The aims of the health education section were outlined in a talk to the health visitors on their own study day in November.

The year saw an expanding health education service and increased interest from all concerned. This is to be encouraged in the future.

### Venereal Disease

Returns from the Norwich, King's Lynn, Great Yarmouth and Lowestoft treatment centres relating to the attendance of new Norfolk cases were as follows (1964 figures in brackets):—

Syphilis ...	...	5	(5)
Gonorrhoea ...	...	77	(82)
Other conditions ...	...	283	(228)
		<hr/>	<hr/>
		365	(315)
		<hr/>	<hr/>

It is appropriate to note that the majority of infections occurred in persons aged 20 years and over while only a minority were among teenage young persons.

No requests were received from treatment centres for the follow-up of contacts or of patients failing to complete courses of treatment.

Dr. D. W. Higson, venereologist at the Norfolk and Norwich Hospital, reporting on cases attending that centre, which include those from the eastern half of the administrative county, states:—

“The Ministry of Health analysis of new cases of venereal disease attending clinics in England and Wales in 1965 shows a rise of 22% of cases of early infectious syphilis, a very slight fall in cases of gonorrhoea, an increase in cases of non-gonococcal urethritis, and an increase in the total number of new patients attending for advice or treatment.

New cases attending the clinic of the Norfolk and Norwich Hospital numbered 541 compared to 476 in 1964. Syphilis or gonorrhoea accounted for 134 cases, the figure for 1964 being 136.

#### (a) Syphilis

There was one case of infectious syphilis in a female aged 35 resident in Norwich. The source of infection was not traced. (1964—2 cases).

Late or latent syphilis was diagnosed in four males aged 77, 66, 65 and 58. Three patients lived in Norfolk and one in Norwich. (1964—6 cases).

#### (b) Gonorrhoea

New cases increased by one to 129 (85 male and 44 female patients). A child of six with vulvo-vaginitis is not included in the tables 1 or 2, nor in table 2 is the male patient aged 22 who was resident outside the area of the clinic.

TABLE 1				Male	Female	Total 1965	Total 1964
Under 16	...	...	—	1	1	3	
16—17	...	...	2	8	10	9	
18—19	...	...	10	11	21	26	
20—24	...	...	23	16	39	44	
25 and over	...	...	50	7	57	46	
				85	43	128	128

TABLE 2

	Total	Norwich		Norfolk	
		Male	Female	Male	Female
Under 16	1	—	—	—	1
16—17	10	1	6	1	2
18—19	21	6	7	4	4
20—24	38	16	13	6	3
25 and over	57	27	6	23	1
	127	50	32	34	11

Of the female cases included under Norfolk, one aged 15 and two aged 16 were referred from Bramerton Remand Home. The infection was acquired in Lowestoft, London and Norwich respectively.

The 15–19 age group in the males comprised 14.6%, and in the females 46.5%. This proportion is very much higher than the national average. Of the 43 female patients, 24 were single, 14 were married and 5 separated. From the history given they can be divided into primary or secondary contacts. The promiscuous female infectious pool would contain the primary contacts.

TABLE 3

	Single		Married		Separated	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Under 20 ...	9	9	1	1	—	—
20—24 ...	2	3	1	7	2	1
25 and over ...	—	1	2	2	1	1
	24		14		5	



Five male patients with gonorrhoea, resident in Norfolk, attended the clinic at Great Yarmouth. Of these, three were in the catchment area of this clinic.

The presence of a large promiscuous female pool of gonorrhoea is shown by the following table :--

(c) **Place of Infection of Males with Gonorrhoea**

			1963	1964	1965
In locality of clinic	...	...	70	59	48
Outside clinic area	...	...	15	11	22
Unknown	...	...	11	11	15

Evidence of effective venereal disease control in the area of the clinic would show a reversal of the figures in lines one and two.

(d) **Non-Gonococcal Urethritis**

An increase from 49 cases in 1964 to 70 cases was recorded. This condition is most probably acquired through sexual intercourse, but is not necessarily related to promiscuity.

(e) **Other Genital Conditions requiring treatment**, increased from 107 to 131.

(f) **Conditions requiring no treatment** increased from 184 to 206.

This function of the clinics in excluding venereal disease in those who have taken risks, and in reassuring anxious patients, continues to be a major and important part of the service given. That the numbers under the last two headings continue to rise reflects the result of health education rather than increased promiscuity.

(g) **Present Positiin**

The promiscuous female infectious pool of venereal disease can only be reduced by taking prompt and active steps to trace named contacts and those defaulters who may be treatment failures. The urgency of this problem is not generally recognised by the patient or by those who treat venereal disease outside the clinic. As medical treatment alone has failed to control venereal disease, a new approach must be attempted."

**Provision of Nursing Equipment**

The agency arrangements with the Norfolk Branches of the British Red Cross Society and the St. John Ambulance Brigade have continued with 110 local depots providing the smaller items of nursing and sickroom equipment, such as bedrests, bedpans, crutches and walking aids, mackintosh sheets, air rings, etc., on loan, the County Council paying rental charges. Larger items such as wheelchairs are supplied on loan on a similar basis through the central depots of these two voluntary organisations. The Council also makes direct arrangements for the purchase and free loan of major items of equipment, such as hoists, on a medical recommendation.

There has been an increased demand for disposable incontinence pads which, since the issue of Ministry of Health Circular 14/63, have been provided free of charge to domiciliary cases who need them. Issues in 1965 amounted to 50,200 compared with 37,300 in 1964 and 9,600 in 1963. No serious difficulties have been reported in connection with the disposal of these pads which in rural areas are usually burnt on domestic fires or in the garden and, in the more urbanised areas, disposed of through the normal channels of refuse collection.

**Provision of Recuperative Convalescence**

The Council again made arrangements, on the recommendation of family doctors, for the attendance of 5 persons at voluntary convalescent homes for a period of two weeks in each case.

**The Marie Curie Memorial Foundation**

25 patients were assisted under the area welfare scheme from grants received from the Foundation.

**Chiropody**

There has been a considerable increase in the demands on the domiciliary chiropody service as shown by the following figures:—

		Persons visited	Treatments given
1963	... ..	559	1,957
1964	... ..	931	*3,639
1965	... ..	1,284	4,325

\* 2nd chiropodist appointed from 6.4.64.

By the end of the year, the interval between treatments had increased from 10 to over 14 weeks and, although a small number of cases are given essential treatment more frequently, it has become extremely difficult to deal adequately with the many distressing problems of the homebound with only two full-time chiropodists. Provision has been made to increase the staff by a further two chiropodists over the next 2 years but even so, at the current rate of expansion it is unlikely that any great change will be effected in the general pattern.

A contribution of 2/6d. per treatment is collected by the chiropodists unless payment is excused on the grounds of financial hardship.

At the end of the year the position was as follows:—

Receiving treatment	... ..	1,163
Awaiting treatment	... ..	102
		———1,265

			Male	Female	Totals
Receiving treatment					
Under 50	...	...	7	14	21
50—59	...	...	4	35	39
60—69	...	...	35	148	183
70—79	...	...	127	338	465
80—89	...	...	118	261	379
90—99	...	...	20	54	74
100—	...	...	—	2	2
			<hr/>	<hr/>	<hr/>
			311	852	1,163
Awaiting treatment					
	...		24	78	102
			<hr/>	<hr/>	<hr/>
			335	930	1,265
			<hr/>	<hr/>	<hr/>

This is a domiciliary service which is restricted to homebound patients, either elderly or physically handicapped, but is extended, in exceptional circumstances, to cases where no alternative local facilities for chiropody exist, such as the group schemes arranged by local Old People's Clubs and co-ordinated by the Norfolk Old People's Welfare Committee. These local group treatment schemes provided 24,747 treatments during 1965.

**Fluoridation of Water Supplies**

In December, 1962, the Minister of Health issued Circular 28/62 informing local health authorities that he would be willing to approve the making of arrangements with water undertakers for the addition of fluoride to water supplies which were deficient in it naturally. The Health Committee recommended that this should be done but the proposal was not adopted by the full Council. The Health Committee then decided that no further action should be taken pending the outcome of proceedings which a Watford rate-



payer had initiated against the Watford Corporation who, as water undertakers, were proposing to add fluoride to the Corporation's water supplies.

In 1965, following the discontinuance of the action against the Watford Corporation, the Minister of Health issued Circular 15/65 in which he stated that in his view fluoridation was an established and well-proven public health measure which was completely safe. He hoped, therefore, that all local health authorities would take steps to make arrangements for its introduction. The matter was again considered by the Health Committee who recommended that the necessary arrangements should be made but this was again defeated in full Council.

## XI. HOME HELP SERVICE

The steady increase in the demand for the service has continued. Long-term elderly, sick and infirm cases, together with households presenting special problems and requiring major cleaning up, are accentuating the rate of increase in the service as shown in the following table :—

Year	Cases requiring continuous assistance throughout the year	Total cases assisted	Total hours of service provided	Increase over previous year
1962	445	1,302	304,264	4.6%
1963	475	1,504	330,505	8.6%
1964	703	1,604	367,949	11.3%
1965	858	1,684	408,205	10.9%

The number of cases in the various categories assisted were as follows:—

Old Age and Sick	...	...	...	...	1,561
Blind	...	...	...	...	39
Maternity	...	...	...	...	53
Post-operative and tuberculosis	...	...	...	...	20
Problem families	...	...	...	...	8
Children without mother	..	...	...	...	3
					<hr/> 1,684 <hr/>

The proportion of the service devoted to the care of the elderly sick, infirm and blind again exceeded 95% and the average hours per week per case were 7.1 as compared with 6.7 in 1964. Efforts have continued to maintain an efficient service in all parts of the county sufficient to cope with the inevitable growth in demand and to help to reduce the demands for hospital, hostel and other residential accommodation.

The local health offices administer the day-to-day working of the scheme, the Council's local welfare officers working in close consultation with the home help organiser and with her assistant based at King's Lynn.

Long-term cases are reviewed to ensure that hours of service provided are varied to meet any changing circumstances in the household commensurate with a reasonably economic service. These efforts are reinforced by the friendly visits of neighbours, and indeed often of the home helps themselves outside the official scheme, to ensure that the aged and infirm are settled safely for the night and are helped to start the next day without undue hardship.

At the end of the year, 741 home helps were being employed on an occasional basis, an increase of 78 on the previous year. The growth of the service has made recruiting problems more difficult, particularly of home helps willing to deal with problem family cases, and has made heavy demands upon the home help organiser and her assistant.



During the year, the Health Committee has kept home help service arrangements under review to ensure that the service develops within the framework of the Ten Year Plan to meet legitimate demands.

The following decisions were taken during the year :—

- (i) The revised Ten Year Plan provides for a 20% increase in the home help service in 1966/67, 15% in 1967/68, 10% in 1968/69 and thereafter a steady progression at the rate of  $7\frac{1}{2}\%$  per annum :
- (ii) The appointment of a second assistant organiser in April, 1966, followed by the appointment of third and fourth assistant organisers in 1967/68.

Furthermore, as the organising staff is increased and is able to cope with recruitment problems, the number and frequency of short training courses for home helps will have to be stepped up. With the appointment of a second assistant organiser it is hoped that it will be possible to establish two “flying squads” of suitably trained and equipped home helps (one in the east and one in the west of the county) who will normally help out with ordinary home help cases but who will be available for transportation daily to any “problem” cases with special rates of pay and conditions of service while actually engaged upon these special duties.

## **XII. MENTAL HEALTH SERVICE**

### **Introduction**

Local health authorities are responsible under the Mental Health Act, 1959, for a wide range of services for the mentally disordered in the community. The extent and variety of these services, which can be grouped under three main headings, can now be assessed in the light of experience throughout the country. Each has its own problems, some of which are briefly referred to below :

#### **(a) Domiciliary Care and Support**

The shortage of trained and professional staff in all the social services is well recognised and it will be many years before the recently introduced training schemes produce a sufficient number of trained officers to take the place of those who have given so much to the service in the past. In the meantime, existing staff must do everything possible to provide a community care service for both the mentally ill and the mentally subnormal.

#### **(b) Residential Accommodation**

The provision of residential accommodation involves the purchase of sites and the overcoming of local opposition. The adaptation of existing property has generally proved unsatisfactory in the past and new buildings designed for the purpose for which they are to be used are required. Four main types of accommodation must be provided :—

- (i) For subnormal children.
- (ii) For subnormal adults.
- (iii) For persons ready for discharge from mental hospitals who have no home of their own to which to return.
- (iv) For the elderly mentally infirm.

No residential accommodation has so far been provided in the county but the planning stage of the first hostel for subnormal adults was well under way by the end of the year.



### (c) Training Centres and Other Facilities

The training of subnormals is one bright aspect of the service due to the fact that the provision of training centres was undertaken well in advance of the 1959 Act and was not a new service placed on local health authorities. Many frustrating delays have, however, been experienced and there is a grave shortage of trained teaching staff. The Ministry of Health has asked for a review of progress made in the training of subnormals to be included in the annual report and fuller details are given later in this part of the report. Reference must, however, be made here to the opening on the 14th June of the King's Lynn Comprehensive Training Centre, after much building delay. This centre, designed by the County Architect, includes a junior training centre, a special care unit and an adult training centre. A large assembly/dining hall, a kitchen with facilities for preparing 150 meals a day and a small laundry are provided and there are separate play areas for children and adults. The whole site has been utilised to the fullest extent to provide a modern, fully equipped centre to serve the west of the county.

During the year, the Council's Ten Year Plan for Health and Welfare Services was revised as required by the Ministry. Revisions were on the basis of anticipated needs and the practical possibilities of implementation. The main provisions and the principal changes as compared with the original plan are shown below and indicate how many projects have fallen behind schedule:—

Project	1962/72 Plan Year of Provision	Revised 1966/76 Plan Year of Provision
Hostel for Adult Subnormals, West Lynn.	1963/64	1966/67 (Open 1967/68)
Adult Training Centre, Holt	1964/65	1966/67 (Open 1967/68)
Extensions to Junior Training Centre, Holt.	1964/65	1966/67 (Open 1967/68)
Replacement of Junior Training Centre, Sprowston.	1967/72	1966/67 (Open 1967/68)
Hostel for Mentally Subnormal Children, King's Lynn.	1965/66	1966/67 (Open 1967/68)
Hostel for Psychotics, West Norfolk.	1967/72	1967/68 (Open 1969/70)
Additional Projects		1966/76 Plan
Hostel for Mentally Subnormal Adults, East Norfolk.	—	1966/67 (Open 1968/69)
Hostel for Mentally Subnormal Children, Norwich Area.	—	1966/67 (Open 1967/68)
Adult Training Centre, Norwich Area.	—	1971/76

Towards the end of the year the Ministry of Health issued Circular 24/65 entitled "Improving the effectiveness of the Hospital Service for the Mentally Subnormal." This circular, by more clearly defining the roles of the hospital and local authority services, will involve the provision of additional facilities by local health authorities.

## **Staff Training**

### **(a) Mental Welfare Officers**

In recruiting welfare assistants and assistant welfare officers, regard must be paid to the need to appoint persons qualified by education and background to be acceptable for a two-year training course leading to the Certificate in Social Work. By this method it is hoped gradually to build up a staff of qualified mental welfare officers to supplement and eventually take the place of the existing officers who, in the main, are qualified by experience and hold the certificate of recognition of the National Council for Training in Social Work.

### **(b) Training Centre Staff**

Approval was given to the release of an assistant teacher at the Holt training centre to attend a two-year training course.

Two assistant teachers attended a refresher course in London organised by the National Association for Mental Health and four attended a week's training course run by the Staffordshire County Council at Eccleshall.

The deputy superintendent welfare officer and the head teacher of the Attleborough junior training centre attended a course at Birmingham dealing with adult training centres. Eight members of staff attended a one-day conference at Cambridge organised by the National Society for Mentally Handicapped Children on the training of subnormals.

Two conferences of all teaching staff were held, one in April when Miss Jacqueline P. Gracey, Lecturer in Music for the National Association for the Sheffield Training Course for Teachers, spoke on "Music in Training Centres," whilst in September, Dr. R. Payne, Consultant Psychiatrist, spoke on research in the field of subnormality.

### **(c) Conferences**

The Vice-Chairman of the Mental Health Sub-Committee and the Deputy County Medical Officer attended the annual conference of the National Association for Mental Health and Mrs. S. Rainbow, mental health worker, attended a conference in London organised by the National Association for Mental Health on "The Continuity of Treatment in Hospital and Home."

Mental welfare officers met in regular conference to discuss various aspects of their work and new developments both nationally and locally.

## **Mental Illness**

### **(a) Hospital Admissions**

There was no change in the catchment areas for admissions to Hellesdon and St. Andrew's Hospitals and generally speaking the arrangements worked satisfactorily. It will be noted from the statistics that admissions under Section 29 accounted for 74% of all compulsory admissions.

The mental welfare officers are widely consulted by general practitioners in regard to informal admissions and they prepare social history reports for the information of the hospital in both compulsory and informal admissions dealt with by them and also for patients admitted direct where the welfare officer has some knowledge of the social circumstances which might be helpful to the hospital.



### **(b) After-Care**

The arrangements referred to in previous reports have continued and periodic conferences at the hospitals afford opportunities for the discussion of cases and the exchange of views. Lessons learned in one case can be used for improving the service in others and different methods of approach can be considered.

The two psychiatric social clubs continued to meet regularly at Norwich and King's Lynn, and the usual range of activities was followed. Both these clubs have been in existence for some years but few new cases are directly referred on discharge from hospital. General practitioners have been advised of the existence of these clubs and informed that persons eligible to attend include not only persons who have been in mental hospitals but also those who show some mental symptoms and might be helped through social contact. It was explained that the social worker responsible for the clubs could be asked to visit any person referred with a view to deciding if attendance at a club might possibly help. For many years public transport fares have been reimbursed to enable persons to attend the clubs but in view of the absence of such transport in many parts of the county, authority was given for the cost of petrol to be reimbursed to voluntary drivers who use their cars for conveyance to the clubs.

## **Subnormality**

### **(a) Hospital Waiting List**

Despite some hope that beds would become available at Little Plumstead Hospital during the year, there was, in fact, no improvement in the situation.

To give relief to families, every effort is made to arrange short-term care either in hospital or in private homes, without charge to the family but although some 60 cases were helped in this way it proved impossible in many cases to obtain accommodation.

Assistance in the home is provided without charge under the home attendants scheme and supportive visits are paid regularly. For the bedridden, or those with difficult, disturbed or aggressive behaviour, there is, however, no real alternative to hospital care and it is hoped that with the opening of a new hospital for subnormals at Fulbourn in 1966, the regional hospital board will be able to offer beds for the most distressing cases.

### **(b) Training**

This is given in greater detail than usual in response to the request of the Ministry for a review of developments in the training of subnormals.

#### **(i) Junior Training Centres**

The policy of the Council, determined some years ago, is to provide purpose-built centres to afford facilities for the training of all suitable sub-normal children in the county, transport to be provided without charge to the parents. In the last few years it has been further decided to provide special care units at each centre to provide training and care for the more helpless and inadequate subnormal children.

With the opening of the new comprehensive training centre at King's Lynn, considerable progress has been made towards achieving this policy which will be completed with the replacement of the Sprowston centre and the addition of special care facilities at the Attleborough and Holt centres. When these provisions are made, all junior training centres will be purpose-built.



The following table shows the development since 1949 :—

Centres	Position in 1949		Position in 1960		Position in 1965	
	Number in centres in hired halls or converted premises	Number in purpose-built centres	Number in centres in hired halls or converted premises	Number in purpose-built centres	Number in centres in hired halls or converted premises	Number in purpose-built centres
(1) COUNTY COUNCIL						
Attleborough ..	No centre	—	—	18	—	39
Holt .. ..	No centre	—	—	—	—	29
King's Lynn ..	12	—	38	—	—	66
Sprowston ..	14	—	47	—	67	—
(2) OTHER AUTHORITIES						
Gt. Yarmouth ..	3	—	18	—	—	13
West Suffolk .. (Bury St. Edmunds)	—	—	—	—	—	1
TOTALS	29	—	103	18	67	148

In the year under review, plans were approved for the extensions to the Attleborough and Holt centres to include additional classrooms, dining room/assembly halls and special care units.

Tenders were invited for the Attleborough centre in July but unfortunately the lowest tender received exceeded the Ministry's cost limit. During the period in which the Ministry were asked to authorise an extension of the limit so that the tender could be accepted, the Government's six months' deferment of capital projects came into operation and despite representations that the improvements at this centre were essential and that there already had been great delay, the Minister would not ease the deferment and no progress was possible during the year.

Developments during the year included the granting of permission to the head teacher of the Holt centre to take the children for a week's holiday at St. Mary's Bay Holiday Camp, Romney Marsh, Kent, in July, the cost being met by the Holt Round Table, who raised all the money required locally. The holiday, which took place in July, was very successful despite bad weather. Fortunately a hut at the camp was made available each day to the children for indoor activities.

Another interesting event was the visit to the Holt centre by four members of the Gambian Parliament who were studying various local government services in the county. These Members of Parliament were obviously impressed by the work being undertaken and at the conclusion of the visit expressed the view that on their return to Gambia they would make representations to their Government for similar provision to be made there.

All centres followed a wide and varied programme including open days, outings, swimming at school and public baths, social training, visits to places of interest, limited outside employment for older children and projects for



older girls to encourage them to take a pride in their personal appearance, for example, by instruction in care and styling of the hair. At the new King's Lynn centre the mid-day meals are prepared at the centre and older children give assistance in preparation, serving and clearing-up; these meals are an unqualified success and reflect great credit on the newly-appointed cook/supervisor. At this centre a laundry is also provided and again the older children, under supervision, undertake all the laundry for the centre.

The Mental Health Sub-Committee arrange visits to each centre twice in each year, one as a formal visit in July and the other on the occasion of the open days at Christmas. These visits give members the opportunity of discussing matters with the teaching staff and assessing future needs.

**(ii) Adult Training Centres**

For some years, facilities for adult training have been provided in the east of the county by arrangement with the Norwich and Great Yarmouth Authorities at their adult centres. The newly-opened King's Lynn centre caters for the west of the county, and when new adult sections are built at Attleborough and Holt, training facilities will be available to cover all parts of the county.

In reviewing the training of adult subnormals it must be pointed out that the county has employed home teachers for many years, providing a service of adult social clubs and home teaching for adults over the whole county, giving a great deal of pleasure, happiness and satisfaction to a large number of persons. The following table shows the comparative figures since 1950 when the home teaching scheme first started:—

	1950	1960	1966
Numbers receiving home teaching or attending social clubs ... ..	45	155	142
Numbers attending adult training centres:			
(a) Other authorities ... ..	—	8	58
(b) County centres ... ..	—	—	39
	—	—	—
Totals ... ..	45	163	239
	—	—	—

The Norwich and Great Yarmouth adult centres undertake a wide variety of industrial work including various assembly procedures and the making of seed boxes, wooden fencing, concrete products, etc. It is of interest to record that one boy who left the Norwich centre to go to local industry in 1963, has given complete satisfaction and his name has now been removed from the mentally handicapped register. It seems certain that had he not been given the opportunity of learning something of industrial processes by attendance at the centre, he would not have been able to make such a success of work in an ordinary factory.

The King's Lynn centre, which forms part of the comprehensive training centre, opened without any real problem arising. This was largely due to the enthusiasm of the manager who, after his appointment in February, planned the operational layout of the centre and, until the opening in June, made contacts with local industry. As a result, when the centre opened, considerable industrial contract work had been obtained to ensure that with the making of concrete products, the production of seed trays and various other wood products, sufficient work was available for all trainees. It is gratifying to record the continued and growing interest local industry is taking in the centre and, despite earlier uncertainties, it appears that, although there is only limited industry at King's Lynn, sufficient work will be forthcoming to keep the centre fully operative on the assembly side. To further



local interest, the manager arranged a small exhibition at the Terrington St. Clement horticultural society show and this resulted in a number of orders and enquiries being received.

When the centre opened, the staff consisted of a manager, a deputy manager and one assistant manager, but in October, in order to cope with the somewhat more inadequate subnormals awaiting transfer from the junior training centre, the appointment of an additional assistant manager was approved. To relieve the manager of routine clerical work a part-time clerk/typist was also authorised.

#### (iii) **Transport**

The transport of children and adults presents many problems. Detailed routes are required, involving a great deal of planning in timing and in ensuring economy in mileage. At the end of the year there were 37 routes serving the five junior centres, the King's Lynn adult centre and nine adult social clubs. The mileage covered during the year totalled 504,796. Thirty-three of the routes are undertaken by contractors, while the other four are operated direct by Council-owned dormobile-type vehicles. No real difficulties have arisen in providing the direct service which has the advantage of making a vehicle available at the centre for use during the day. Comparative figures show that by employing part-time drivers there is little difference between the cost of hiring vehicles under contract and a direct service.

#### (iv) **Adult Social Clubs and Home Teaching**

As previously mentioned, three home teachers have been providing services for adult subnormals for many years and at present operate 9 social clubs with a weekly membership of 112 and also provide home teaching for 30 persons. For the past few years the home teachers have organised a week's holiday for their charges and these holidays are much appreciated both by the mentally handicapped and their relatives. Two holidays are now organised, one at The Denes Holiday Camp, Kessingland, where the accommodation is in chalets, and the other at The Pleasaunce, Overstrand, and 119 subnormals went to the holidays this year. It has been found that the holidays help to give self-confidence and encourage self-care. This is particularly so in the case of those going to Kessingland, where they take part in all the normal holiday camp activities during the week. These holidays would not be possible without the aid of voluntary helpers, to whom thanks and appreciation are due. The staff at The Denes and The Pleasaunce are also most helpful in ensuring the care, comfort and enjoyment of those attending.

#### (v) **General**

Reference is frequently made both nationally and locally to opposition to approval for sites for training centres and to other matters which would appear to indicate some reluctance on the part of the public to accept facilities for subnormals in their locality. This attitude must be confined to a very small minority as experience shows that once a training centre is established, a great deal of goodwill and interest is shown towards the children and the work of the centre. This interest leads to offers of voluntary help in the centre itself and efforts such as garden parties, coffee mornings, etc., to raise money for children's amenities funds and holidays.

There are active branches of the Society for Mentally Handicapped Children at Norwich and King's Lynn, whilst at Holt, Sprowston and Attleborough, Parent/Teacher Associations are always ready to assist in any work for the children. The King's Lynn Society made a generous gift of concrete-making machinery to the adult training centre and have indicated their willingness to help in other ways.



### **(c) Guardianship**

There was no change in the position during the year; nine cases continued under Order and received regular medical and social welfare visits.

### **Residential Accommodation**

Little progress was made during the year in the provision of accommodation. Plans of the hostel for adult subnormals at West Lynn were submitted to the Ministry but were referred back with various observations and suggestions and towards the end of the year were re-submitted. Cases frequently arise who require this type of accommodation and it is hoped building will commence in 1966.

The provision of other residential accommodation was still under consideration and discussions took place with the County Social Services Officer regarding the first hostel for elderly mentally infirm at Wymondham. This will be run by the Welfare Committee on behalf of the Health Committee and provide accommodation for 35 people. Two hostels for subnormal children are planned and sites are being sought at King's Lynn and in the Norwich area but no positive progress had been made by the end of the year.

In a number of cases, responsibility has been accepted in private homes for either long or short-term care. Admission to training and rehabilitation homes is also authorised where it is considered appropriate and this has worked particularly well with a young man who was admitted to the S.O.S. Hostel at Cambridge. With the encouragement of the warden he was placed in local employment and at the end of the year was meeting a large part of the cost of maintenance and will, it is anticipated, soon leave the hostel to go into lodgings and become fully self-supporting.

Cases of this description encourage the belief that if it is possible to recruit the right type of staff, hostels will form a most useful part of the mental health service and enable subnormal adults to live and work in the community and avoid the need, in many instances, for admission to hospital.

The Towers, Downham Market, a registered home for male subnormals, was unfortunately destroyed by fire in June. The emergency occasioned by this fire was a real test of co-operation between voluntary and statutory bodies. The local welfare officers were quickly on the spot to advise and assist the proprietor and his wife in the handling and temporary care of the residents, whilst the Welfare Committee co-operated in providing temporary accommodation at the Howdale county home. Within a few days, when it became obvious the home could not be brought into use again, all residents were, with difficulty, found alternative accommodation in many parts of the country. The loss of this home was most unfortunate and reduces still further the limited private accommodation available for subnormal adults either for permanent or temporary care. The two other registered homes in the county continued to provide appropriate care and no difficulties arose.

### **Voluntary Bodies**

Following the formation of the Norfolk and Norwich Association for Mental Health last year, the Health Committee decided to make a grant to this body and also to nominate a member to serve on the Executive Committee.

In August the National Society for Mentally Handicapped Children organised a "Country Fair" at the Royal Norfolk Show Ground at Costessey and exhibition facilities were offered to hospitals, local authorities and voluntary bodies. A stand showing the work of the Council's junior and adult training centres, mental welfare officers and home teachers was visited by many people during the three days of the Fair. Orders were placed for articles made at the centres and clubs and the exhibition produced a great deal of interest in the work of the county mental health service.



**ANNUAL FIGURES**—(For the purpose of comparison the figures for the year ended 31st December, 1964 are shown in brackets where applicable and available.)

## Community Care

### (a) *Mentally Ill*

(i) Cases at 1.1.65 ...	...	...	284	(273)
(ii) New cases referred ...	...	...	236	(223)
(iii) Cases closed during year ...	...	...	218	(212)
(iv) Current cases at 31.12.65 ...	...	...	302	(284)
(v) Visits made during year :				
(1) to patients ...	...	...	1,983	(1,942)
(2) associated visits ...	...	...	648	(472)
(vi) Attending Psychiatric Social Clubs (2) ...	...	...	26	(30)

### (b) *Mentally Subnormal*

#### (i) *On mentally handicapped register (subnormal and severely subnormal)*

		Male	Female	Total
Guardianship cases at 1.1.65 ...	...	6 (4)	3 (3)	9 (7)
Discharged during year ...	...	— (1)	— (1)	— (2)
New cases placed under Guardianship :—				
By courts ...	...	— (2)	— (—)	— (2)
By applications ...	...	— (1)	— (1)	— (2)
TOTAL (at 31.12.65) ...	...	6 (6)	3 (3)	9 (9)
Cases receiving welfare visits ...	...	551 (536)	474 (418)	1025 (954)
		557 (542)	477 (421)	1034 (963)

#### (ii) *New Cases arising during year*

Notified under Section 57 of the Education Act, 1944 or referred informally under Ministry of Education Circular 12/60 ...	...	16 (18)	8 (25)	24 (43)
Reported by Education Committee as requiring care and guidance ...	...	19 (14)	14 (16)	33 (30)
Other referrals ...	...	4 (10)	9 (11)	13 (21)
TOTAL ...	...	39 (42)	31 (52)	70 (94)

#### (iii) *Receiving Training*

##### At Junior Training Centres :

In Norfolk (4) ...	...	126 (111)	75 (81)	201 (192)
Outside county (2) ...	...	6 (9)	8 (8)	14 (17)

##### At Adult Training Centres :

In Norfolk (1) ...	...	21 (—)	18 (—)	39 (—)
Outside county (2) ...	...	37 (32)	21 (20)	58 (52)

##### Under Home Teachers (3)

At home ...	...	11 (14)	19 (25)	30 (39)
At Day Centres and Social Clubs (9)	...	42 (53)	79 (77)	112 (130)

243 (219)	220 (211)	463 (430)
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(iv) *Awaiting attendance at Junior Training Centres* ... 7 (5) 1 (4) 8 (9)

(v) *Considered suitable for Adult Training Centres* ... 24 (46) 18 (30) 42 (76)

### Premises registered under the Mental Health Act

Mental Nursing Homes ... Nil

Residential Homes for the Mentally

Disordered ... 3 31, Norwich Road, Thetford, for 3 severely subnormal children.

"Crossways," Threxton, for 18 severely subnormal children up to 10 years of age.

The Towers, Downham Market, for 14 severely subnormal males over the age of 14 years.

(Registration cancelled following destruction by fire on 7th June, 1965).

Replaced by :—

"Four Wynds," Downham Market, for 3 severely subnormal males over the age of 14 years.

### Number of admissions dealt with by Mental Welfare Officers

#### (a) *Mentally Ill*

		St. Andrew's	Hellesdon	Other Hospitals	Total
Section 25	...	39 (46)	11 (5)	— (—)	50 (51)
Section 26	...	7 (9)	3 (6)	— (—)	10 (15)
Section 29	...	85 (86)	88 (75)	2 (2)	175 (163)
Section 60	...	1 (—)	— (1)	— (—)	1 (1)
Informal	...	189 (231)	203 (215)	14 (33)	406 (479)
<b>TOTAL</b>	...	<b>321 (372)</b>	<b>305 (302)</b>	<b>16 (35)</b>	<b>642 (709)</b>

#### (b) *Subnormal*

		Little Plumstead	Other Hospitals	Total
Section 26	...	1 (—)	— (—)	1 (—)
Section 60	...	2 (2)	— (1)	2 (3)
Informal	...	10 (20)	2 (2)	12 (22)
		13 (22)	2 (3)	15 (25)

15 (25)

**GRAND TOTAL** ... 657 (734)

**Patients already in hospital dealt with under Section 26** ... 41 (62)

**Social history reports prepared in respect of patients admitted to hospitals for the mentally ill** ... 303 (262)

Subnormal persons admitted for temporary care

Regional Hospital Board establishments		Male	Female	Total
For one day (dental treatment)	...	19 (13)	13 (6)	32 (19)
For longer periods	... ..	23 (30)	18 (23)	41 (53)
Private homes	... ..	26 (15)	5 (1)	31 (16)
Total		68 (58)	36 (30)	104 (88)

Number of persons on waiting list for admission to hospital

(i) Hospitals for the subnormal

	Severely Subnormal		Subnormal		Total	
	M.	F.	M.	F.	M.	F.
Very urgent	23 (16)	3 (2)	— (—)	2 (—)	23 (16)	5 (2)
Urgent	19 (25)	8 (7)	2 (7)	— (1)	21 (32)	8 (8)
Not urgent	16 (17)	5 (9)	4 (3)	— (—)	20 (20)	5 (9)
TOTAL	58 (58)	16 (18)	6 (10)	2 (1)	64 (68)	18 (19)
Potential cases	16 (14)	18 (10)	— (2)	— (7)	16 (16)	18 (17)
GRAND TOTAL	74 (72)	34 (28)	6 (12)	2 (8)	80 (84)	36 (36)
		108 (100)			8 (20)	116 (120)

(ii) Mentally Ill  
(The Vale Hospital, Swainsthorpe)

Male	Female	Total
3 (4)	5 (7)	8 (11)

XIII. NATIONAL ASSISTANCE ACT, 1948

Welfare of the Blind

(a) Registration

176 persons were examined by ophthalmic surgeons during the year and 101 were certified as blind, 77 being over 70 years of age and a further 13 being over 60 years of age.

Cases on register at 1.1.65	...	922
New cases certified as blind	...	101
Inward transfers	...	20
		121
		1,043
Cases removed as no longer blind	...	2
Outward transfers	...	11
Deaths	...	134
		147
Number on register at the end of the year		896



Cases on the register at the end of each of the last five years were:—

1961	...	...	...	939
1962	...	...	...	937
1963	...	...	...	917
1964	...	...	...	922
1965	...	...	...	896

73% of all cases on the register were 65 years of age and over, a slightly lower percentage than in the previous year. 74 were over 90 years of age.

#### (b) Employment

The numbers of registered blind persons employed at 31st December, 1965, are given in the table below:—

	Male	Female
Norwich Institution Workshops	20	3
Norwich Institution Workshops trainees	3	—
Home Workers	3	—
Other than sheltered employment	20	3
	—	—
	46	6
	—	—

Full co-operation and consultation has continued to be maintained with the Ministry of Labour and the Royal National Institute for the Blind regarding the placing of blind and partially sighted persons in employment, and for industrial rehabilitation where this is appropriate. In general, the position at the end of the year was reasonably satisfactory although considerable difficulty was experienced in finding suitable employment for two blind men trained in light engineering.

During the year, consultations have taken place with the management of the Norwich Institution for the Blind and with neighbouring authorities regarding the future of the workshops and the extent to which costs are shared. Discussion is continuing with due regard to the Ministry of Labour Working Party Report on Workshops for the Blind. This authority is responsible for 23 of the 79 workshop employees maintained at the Norwich Institution by some 13 authorities.

#### (c) Home Teaching and Visiting

Miss J. M. Goldthorpe was appointed as a trainee home teacher in March to the post vacated in August, 1964, and for the remainder of the year there was a full establishment of 8 home teachers.

Visits by home teachers during the last 5 years have been as follows:—

	1961	1962	1963	1964	1965
Registration enquiries	228	233	192	207	215
Instruction in:					
Braille	106	64	26	98	91
Moon	84	54	55	23	25
Handicrafts	505	706	781	864	973
Welfare visits	8,467	8,830	8,790	8,868	8,165
Other visits	1,428	1,821	1,994	1,899	1,777
	10,818	11,708	11,838	11,959	11,246

The five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich continued their monthly meetings and grateful acknowledgment is again made to the many voluntary helpers who provide transport and entertainment for the members and give valuable assistance to the home teachers.

Handicraft classes were held at Cromer, Dereham, Downham Market, King's Lynn and Thetford, where possible at fortnightly intervals. In addition, a new weekly class was started during February, in conjunction with the Norwich Welfare Authority, for the benefit of the hostel residents at the Norwich Institution for the Blind.

The usual holiday was arranged at Great Yarmouth during May and 45 blind persons with guides, accompanied by 3 home teachers, spent an enjoyable week there. Financial assistance was given in necessitous cases.

The annual blind show of horticultural and domestic produce and handicrafts was again organised jointly with the Norwich Authority at St. Andrew's Hall, Norwich.

The quarterly magazine for the Norfolk blind, "The Closer Link", has continued to be very popular and over 600 copies of each issue have been circulated.

Radios provided by the British Wireless for the Blind Fund have been distributed and arrangements made for maintenance and repairs.

Talking book machines have continued to be loaned to blind and partially sighted persons by the Nuffield Talking Book Library for the Blind.

### Welfare of the Partially Sighted

Partially sighted persons on the register at the end of each of the last 5 years were as follows:—

1961	...	...	...	268
1962	...	...	...	279
1963	...	...	...	284
1964	...	...	...	286
1965	...	...	...	316

These persons are visited by the home teachers as individual circumstances require. One partially sighted man is employed in a sheltered workshop for the blind.

### Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of 1965 was 432, 18 less than the previous year (1964 figures in brackets):—

			Children under 16	Persons aged 16-64 years	Persons aged 65 and over	Totals
Deaf without speech	...	M.	6 (6)	31 (32)	12 (13)	95 (99)
		F.	2 (2)	36 (38)	8 (8)	
Deaf with speech	...	M.	7 (6)	40 (39)	17 (19)	130 (129)
		F.	7 (5)	46 (45)	13 (15)	
Hard of hearing	...	M.	32 (38)	52 (49)	18 (19)	207 (222)
		F.	23 (28)	55 (50)	27 (38)	
			77 (85)	260(253)	95(112)	432 (450)

The Deaf and Dumb (Norfolk and Norwich) Welfare Association, who provide welfare services and social facilities for the deaf and hard of hearing at their Headquarters in Norwich, removed to new premises in July and the Council increased the usual grant by 25% for a period of one year from the



date of occupation to assist the Association with the additional expenses involved in moving to larger quarters. Regular social meetings are also organised at King's Lynn and Great Yarmouth by the qualified Missioner who, together with his female assistant, devote considerable time to employment and domestic problems.

### Welfare of the Physically Handicapped (General Classes)

The number on the register at the end of 1965 was 978, an increase of 40 compared with the previous year. Details are given below with corresponding figures for 1964 in brackets for comparison:—

Age Group	Male	Female	Total
Under 16 ... ..	1 (2)	1 (—)	2 (2)
16—64 years ... ..	363 (375)	286 (267)	649 (642)
65 years and over ...	172 (170)	155 (124)	327 (294)
	<hr/> 536 (547) <hr/>	<hr/> 442 (391) <hr/>	<hr/> 978 (938) <hr/>

127 persons on the register are recorded as capable of ordinary employment and a further 62 as suitable for work under sheltered conditions. During the year, a survey of the register was undertaken in consultation with the Ministry of Labour to try and ensure that physically handicapped persons living in the more rural areas of the county were advised of the opportunities that exist for training or employment.

The Norfolk branch of the British Red Cross Society and the Norfolk Association for the Care of the Handicapped provide domiciliary training in handicrafts for those who are unable to follow employment, dividing the county geographically between them for this purpose. Each voluntary association receives a grant from the Council for this very valuable and worth-while service.

Social facilities and handicraft instruction are also provided by the British Red Cross Society clubs at Aylsham, Dereham, Downham Market, Fakenham, Hunstanton and Sheringham and by the St. Raphael Clubs at King's Lynn, Swaffham, Thetford, Norwich and Great Yarmouth.

The demand for adaptations to premises occupied by handicapped persons continues to increase, particularly for concrete paths and ramps to facilitate the use of wheelchairs and motorised vehicles supplied by the Ministry of Health and also for the provision of handrails to stairways, bathrooms, etc. Financial assistance for the foregoing was given to 29 cases during the year.

Special equipment such as hydraulic hoists, self-lift chairs and walking aids have been purchased by the Council for issue on loan. Arrangements continued to be made through the British Red Cross Society, the St. John Ambulance Brigade and the Rheumatology Unit at St. Michael's Hospital, Aylsham, to supply a wide range of home nursing equipment, domestic gadgets and other aids for the handicapped.

The Council provided financial assistance in 60 necessitous cases to enable disabled persons to take a week's holiday at Caister Holiday Camp in May under the scheme organised by the Federation of St. Raphael Clubs or at the Gorleston Holiday Camp in September under the auspices of the Norfolk Association for the Care of the Handicapped, and for a further 22 who went to Skegness from the Valentine Club at Sheringham in July.

Car badges for disabled drivers to assist with parking were renewed or issued for the first time in 32 cases. 124 drivers have been issued with badges since this scheme began in 1961.





## NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 4

Disease	Number of cases notified																												Totals
	Municipal Boroughs		Urban districts											Rural districts															
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland		
Scarlet fever	—	2	—	1	6	—	—	—	1	7	—	—	13	7	6	10	1	15	31	8	1	7	11	9	5	1	3	145	
Whooping cough	2	7	2	1	—	—	—	—	—	3	—	1	7	23	1	10	5	3	—	75	4	5	12	23	10	19	1	214	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	350	329	80	175	28	131	75	7	100	35	9	40	668	46	90	253	201	106	186	101	47	416	869	84	144	198	190	4958	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute pneumonia	2	—	3	1	—	5	—	—	—	1	—	1	8	6	5	13	—	22	3	6	1	2	7	6	—	4	10	106	
Dysentery	21	2	7	—	—	—	—	1	—	—	—	—	15	—	1	7	6	2	—	—	—	5	2	2	—	—	—	71	
Acute encephalitis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	
Erysipelas	—	2	1	—	—	—	—	—	—	—	—	—	3	2	—	—	—	1	—	1	—	—	—	1	—	1	1	13	
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	
Food poisoning	1	—	15	—	—	—	—	1	—	—	—	—	5	5	—	—	10	—	1	1	—	—	2	—	—	2	—	43	
Puerperal pyrexia	1	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	4	1	—	2	—	—	—	—	1	—	—	12	
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Malaria	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Jaundice or infective hepatitis	—	—	1	—	—	—	—	—	—	—	—	—	5	1	—	—	1	—	—	2	—	—	—	3	—	—	—	13	
Chickenpox	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Totals	347	343	110	178	34	136	76	10	101	46	9	43	725	90	104	293	228	152	221	196	53	435	905	128	160	225	206	5584	

## XIV. INFECTIOUS AND OTHER DISEASES

On Table 4 are details of the notifications of infectious diseases received during the year and their distribution in the county districts. The incidence conforms to the pattern of recent years and happily this again means that poliomyelitis and diphtheria are absent. While whooping cough has been less common than last year, in some cases the disease has been less mild than formerly, but generally the protective vaccine has resulted in a decrease in severity of the disease. Measles has increased again to 4,964 cases which is the usual high peak in alternate years. Notifications of dysentery cases have increased a little but are still below the average of recent years. The figures quoted are not necessarily a very accurate representation of the incidence of this illness which tends to be very short term and may not in a number of instances receive or require medical attention and hence is not notified.

## XV. ENVIRONMENTAL HYGIENE

### Water Supplies and Sewerage

The County Public Health Engineer reports as follows:—

#### (a) Water Supplies

The development and extension of rural water supplies throughout the county continued during the year and contributions were allocated by the County Council to District Councils for the following schemes:—

District Council		Scheme	Estimated Capital Cost £
Blofield and Flegg	...	Comprehensive Water Scheme—	
		Contract II (revision) ...	58,525
		Plumstead Brick Kilns area ...	9,200
Depwade	...	Development of New Source—	
		Rushall ... ..	135,400
		Denton and Alburgh ... ..	2,450
Docking	...	Creak Common Extension ...	3,133
		District Water Supply Reinforce-	
		ment ... ..	49,007
Loddon	...	Thurton and Chedgrave Link	
		Main ... ..	4,651
		Waveney Valley Scheme (revision)	76,152
Mitford and Launditch	...	North Eastern Parishes ...	86,155
St. Faith's and Aylsham		Coltishall ... ..	6,600
		Belaugh ... ..	4,440
		Blickling — Silvergate Extension	1,647
Swaffham Rural	...	Holme Hale Extension ...	1,100
		Palgrave Hall Farm area, Sporle	500
Wayland	...	Stage III Water Supply Scheme (revision) ... ..	11,135
North Walsham	...	Mundesley Road and Felmingham	
		Link Mains ... ..	29,800



New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council		Scheme
Blofield and Flegg	...	Guarantee Water Main extension— Clippesby
Depwade	...	Denton and Alburgh
Erpingham	...	Water Mains Extensions—Kelling, Mundesley, Roughton, Saxthorpe, Bodham and Holt
Forehoe and Henstead	...	Great Melton, Braconash and Mulbarton
Loddon	...	Water Mains Extension—Chedgrave
		Water Supply Improvements
Mitford and Launditch	...	Southern Parishes—Water Supply Extension
St. Faith's and Aylsham		North Eastern Parishes — Provision of Treatment Plant
		Extension of Mains — Horstead and Frettenham
Swaffham Rural	...	Link Mains
		Weeting
		Great and Little Cressingham
		Water Mains Extension—Sporle
Walsingham	...	Regional Supply Scheme
Wayland	...	Augmentation of Supplies
Cromer/Erpingham	...	Runton Water Supply
Swaffham Urban	...	Contract No.1—Water Mains
		Proposed New Water Tower

(b) Sewerage and Sewage Disposal

During the year, the County Council allocated contributions to District Councils for the following schemes:—

District Council		Scheme	Estimated Capital Cost
Depwade	...	Pulham Market and Pulham St. Mary	£
		Denton (Trunch Hill Area)	56,545
Downham	...	Denver and Hilgay	10,600
Erpingham	...	Northrepps and Roughton	156,237
		Southrepps	10,845
		Beeston Regis	71,313
		Corpusty	10,529
		Lower Kelling	46,814
Mitford and Launditch	...	Hockering	12,629
St. Faith's and Aylsham		Extension of Sewer—Buxton Road, Aylsham	28,237
		Reephams Stage II	3,700
		Drayton and Taverham Stage I	27,400
Smallburgh	...	Hoveton Stage I (revision)	23,990
Swaffham Rural	...	Narborough	142,031
		Hilborough	32,050
		Oxborough	5,320
Walsingham	...	Fakenham and Hempton Stages II & III (revision)	13,318
			71,779

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council		Scheme
Blofield and Flegg	...	Coastal Parishes (revision)
Depwade	...	Denton (Trunch Hill Area) Harleston Stage I Wortwell (revision) Roydon
Docking	...	Sewerage of Caravan Sites
Downham	...	Denver and Hilgay (revision)
Erpingham	...	Corpusty (revision)
Forehoe and Henstead	...	Stoke Holy Cross and Swainsthorpe
Loddon	...	Thurton and Enlargement of Brooke Disposal Works Geldeston
Mitford and Launditch	...	Upper Tud
St. Faith's and Aylsham		Drayton and Central Parishes Marsham and Enlargement of Aylsham Works
St. Faith's and Aylsham/ Smallburgh	...	Joint Scheme for Wroxham, Hoveton, Coltishall, Horstead and Belaugh
Smallburgh	...	Hoveton—Extension of Sewer—Riverside Road—The Rhond Area Stalham and District—First Stage
Wayland	...	Disposal of Night Soil—Great Ellingham Sewage Works Attleborough New Buckenham
East Dereham	...	Proposed New Sewage Disposal Works
North Walsham	...	Relaying of Sewer—Northfield Road
Swaffham Urban	...	Sewerage and Sewage Disposal
Wymondham	...	Sewage Disposal—Alterations and Exten- sions to Sewage Disposal Works Tuttles Lane/Greenland Avenue

Local inquiries and investigations into, and inspections of, the following schemes were held by Ministry of Housing and Local Government Inspectors during the year. In most cases, the County Public Health Engineer either attended or was represented and, where necessary, evidence was given in support of the schemes:—

District Council		Scheme
Depwade	...	Ashwellthorpe
Forehoe and Henstead	...	Stoke Holy Cross
St. Faith's and Aylsham		Marsham and Enlargement of Aylsham Works
Wayland	...	East Harling



## Milk and Dairies

### (a) Specified Area Supervision

At the end of the year, 534 milk dealers were operating under licences issued by the County Council and, of these, 75 producer/retailers held licences for dealing in accommodation milk in addition to that produced from their own herds. 67 new licences were issued during the year, following visits to ensure that arrangements for the handling, storage and distribution of milk were satisfactory. 26 licences were voluntarily surrendered for cancellation.

Satisfactory liaison was maintained with the registration authorities when new applications for licences were under consideration.

During the year the County Council's public health inspectors continued the submission of milk samples from retail rounds over the whole of the administrative county and the following table shows the results of their examination. Void samples were those for which no examination was carried out because of the shade temperatures exceeding 70°F. during the period of storage of the samples at the laboratory.

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (Raw milk) ...	335	297	20	18
Methylene Blue (Pasteurised milk) ...	619	556	10	53
Phosphatase (Pasteurised milk) ...	619	617	2	—
Turbidity (Sterilised milk) ...	84	84	—	—
	<hr/> 1,657	<hr/> 1,554	<hr/> 32	<hr/> 71

As necessary, raw milk failures were referred to the Ministry of Agriculture, Fisheries and Food as the registration and licensing authority for producer/retailers.

In addition to that retailed from the 4 pasteurising plants licensed by the County Council, pasteurised milk is retailed from 8 pasteurising plants outside the administrative county and the above figures include 374 samples submitted from those sources.

Towards the end of the year the necessary steps were taken to ensure the renewal under the Milk (Special Designation) Regulations, 1963, of all dealers' licences for the five year period commencing 1st January, 1966.

### (b) Pasteurising Plants

The 4 pasteurising plants licensed by the County Council continued in operation throughout the year, 3 employing the High Temperature Short Time (H.T.S.T.) method and one the "Holder" process of pasteurising. Strict supervision was maintained by the public health inspectors to ensure that all requirements of the Milk and Dairies (General) Regulations, 1959, and the Milk (Special Designation) Regulations, 1963, were complied with. 74 routine visits were made to the plants for this purpose. Where failing samples occurred additional visits were made to trace their cause.

Complaints of milk having been put into dirty bottles were investigated. In 5 such cases informal action was taken and in a further case a prosecution was authorised.

It is well-known that throughout the country the condition of milk bottles and the presence of foreign objects are a continual source of complaint and these arise often despite the employment of modern equipment and machinery and every attempt by enlightened dairy managers to avoid them. In this connection we have watched with some interest the experiments of the dairy trade in other forms of packaging. We have been particularly interested in the retail sale of milk in polythene packages of the type retailed in France, and it is believed, in other parts of Europe. The process is employed at a dairy outside the county and appears to have every advantage from a hygiene viewpoint over the normal bottling processes.

The following table shows the results of examinations of milk samples submitted direct from the pasteurising plants. All failures were investigated and whilst, in the case of methylene blue failures, it was not always possible to pinpoint the cause, the faults governing the phosphatase failures were traced and rectified.

Test		No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	...	386	339	13	34
Phosphatase	...	386	380	6	—
		—	—	—	—
		772	719	19	34
		—	—	—	—

**(c) Sterilised Milk**

There is no sterilised milk processing plant in the county but, as shown in the above tables, samples of sterilised milk sold in the county are submitted to the turbidity test as a matter of routine.

**(d) Milk in Schools Scheme**

As shown separately in my report as Principal School Medical Officer, the sources of supply and other factors governing the success of this scheme have been kept under close supervision throughout the year.

**(e) Brucella Abortus**

During the year, each of the approximately 80 herds in the county from which milk is retailed raw was sampled quarterly and these samples, together with those submitted from incoming supplies at the milk depots, totalled 840. The samples were submitted for direct culture and biological examinations at the Norwich Public Health Laboratory. 792 samples were negative, 30 examinations were inconclusive due to the premature death of the guinea pigs, and 18 samples (2.14%) were positive. In 2 additional cases, investigations were carried out as a result of notifications received of patients suffering from undulant fever and positive results were obtained following examination of the milk of the herds involved. Final investigations showed one cow in each of the two herds concerned to be excreting the *Brucella Abortus* organism.

306 individual cow samples were submitted of which 22 (7.18%) were found to be positive on either direct culture or biological examination.

Throughout all investigations of this nature the co-operation of the Medical Director of the Public Health Laboratory and of the producers concerned is essential and it is with appreciation I record that this was given unhesitatingly.

All necessary liaison was maintained with the District Medical Officers of Health and restriction notices as necessary were served by them under the Milk and Dairies (General) Regulations, 1959.



#### **(f) Antibiotics in Milk**

During routine sampling for all other purposes, 633 herd bulk samples were submitted to the Ipswich Public Health Laboratory for examination for the presence of antibiotics or other inhibitory substances. 10 (1.58%) were found positive and investigations at the farms concerned were coupled with any necessary warnings to withhold the milk from cows during treatment.

#### **Food Inspections**

In addition to work carried out at schools and recorded in my report as Principal School Medical Officer, 36 visits were made by the public health inspectors to county homes and hostels and children's homes. At each visit, regard was had to the requirements of the Food Hygiene Regulations and any necessary recommendations were made to the appropriate department of the County Council. At 3 county homes steps were taken in conjunction with the respective district council's public health inspectors to remedy nuisances from rats, flies and cockroaches.

#### **Ice Cream**

Samples of ice cream are submitted to the Public Health Laboratory by the district public health inspectors and, during the year, from the 27 local authority districts in the county, 14 districts submitted 213 samples. Of the 13 districts from which no samples were submitted many have responsibility for areas in which there are large influxes of holiday population and where supplies other than those from the large national manufacturers may be involved. When taking a sample the general hygiene conditions under which the product is sold are observed and it is to be hoped that more authorities will be encouraged to carry out inspections and sampling in the future. Of the 213 samples submitted, 162 were classified in Grade I; 26 in Grade II; 15 in Grade III and 10 in Grade IV. The majority of these samples were submitted from the large national manufacturers.

#### **Refuse Disposal**

Planning applications were received from 5 local authorities for the use of 10 sites for the disposal of refuse.

Each site was visited in company with the respective district public health inspector, resulting in agreed conditions of tipping being incorporated in the subsequent planning consents. Suitable sites for this purpose are becoming increasingly difficult to obtain and the time may not be far distant when local authorities may have to consider amalgamating to operate jointly other methods of disposal despite longer hauls and other economic difficulties which would necessarily be involved.

Conditions at one refuse disposal site were deemed to be the cause of considerable nuisance from rats and flies at a nearby housing estate. Following investigations suitable remedial action was taken at the site by the district council concerned.

#### **Burial Grounds**

In respect of 7 planning applications for the use of land as burial grounds visits were made to ensure that the proposals were not likely to be detrimental to public health before approval was given.

**Housing and Sanitary Complaints**

The following gives the number of complaints received and investigated: —

Overcrowding	...	...	...	...	2
Nuisance from rats	...	...	...	...	3
Persons in ill-health requiring accommodation	...			...	5
Insanitary premises	...	...	...	...	4
Drainage	...	...	...	...	2
General nuisances	...	...	...	...	8
Total					24

**New Housing**

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the Quarterly Housing Returns of the Ministry of Housing and Local Government: —

Total permanent dwellings completed in 1965 and total completed to date in the post-war period (i.e. from 1st April, 1945) for the Administrative County of Norfolk.

Local Authority Area	Local Authorities		Private Owners		Totals	
	During 1965	Total to 31/12/65	During 1965	Total to 31/12/65	During 1965	To 31/12/65
MUNICIPAL BOROUGHs—						
King's Lynn	286	2,535	57	851	343	3,386
Thetford	247	1,386	75	358	322	1,744
URBAN DISTRICTS—						
Cromer	16	176	41	261	57	437
Diss	59	399	36	196	95	595
Downham Market	—	204	45	206	45	410
East Dereham	—	508	95	740	95	1,248
Hunstanton	—	173	17	310	17	483
North Walsham	18	366	41	355	59	721
Sheringham	—	133	20	175	20	308
Swaffham	—	279	54	237	54	516
Wells-next-the-Sea	—	183	9	61	9	244
Wymondham	6	391	75	406	81	797
RURAL DISTRICTS—						
Blofield and Flegg	36	918	670	4,152	706	5,070
Depwade	20	884	180	879	200	1,763
Docking	9	548	98	736	107	1,284
Downham	32	956	117	878	149	1,834
Erpingham	6	614	96	761	102	1,375
Forehoe and Henstead	51	1,044	351	2,884	402	3,928
Freebridge Lynn	44	632	112	988	156	1,620
Loddon	18	608	96	676	114	1,284
Marshland	37	741	87	1,025	124	1,766
Mitford and Launditch	15	720	84	538	99	1,258
St. Faith's and Aylsham	24	1,329	714	6,453	738	7,782
Smallburgh	7	646	137	939	144	1,585
Swaffham	20	804	66	567	86	1,371
Walsingham	42	832	33	508	75	1,340
Wayland	—	693	111	761	111	1,454
TOTALS	993	18,702	3,517	26,901	4,510	45,603



## XVI. MISCELLANEOUS

### Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year ... ..	—	—	—	—
Homes whose registrations were withdrawn during year ... ..	—	—	—	—
Homes on the register at end of year ... ..	23	12	376	388

All the homes are visited at regular intervals by the headquarters medical and nursing staff.

There is no delegation of powers and duties to county district councils.

### Laboratory Examinations

The Norwich Public Health Laboratory continued to provide facilities for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with the prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:—

Samples submitted by County Council staff:

Water (bacteriological examination) ... ..	47
Milk (bulk samples for biological examination) ...	840
Milk (individual cow samples for brucella abortus examination) ... ..	306
Milk (methylene blue examination) ... ..	1,675
Milk (phosphatase examination) ... ..	1,337
Milk (turbidity examination) ... ..	84
Milk (antibiotics examination—Ipswich Laboratory)	633

Samples submitted by District Public Health Inspectors:

Ice Cream (methylene blue examination) ...	162
Water (bacteriological examination) ... ..	2,013

Other samples, which were submitted by County Council staff, were examined by the Public Analyst as follows:—

Water (nitrate estimation) ... ..	77
Effluents ... ..	30
Other examinations ... ..	10

**Medical Examinations**

The following examinations were carried out by the medical staff of the Health Department:—

Superannuation purposes ... ..	495
Candidates for entry to the Norfolk Fire Service ...	42
Candidates for teachers' training colleges and entrants to the teaching profession ... ..	352
School canteen workers (non-superannuable) ...	193
School road crossing patrols (non-superannuable) ...	53
Allocation/commutation of part pensions ... ..	3
Fire Service pensioners ... ..	7
	<hr/>
	1,145
	<hr/>

The Department was consulted on medical aspects of 11 County Council employees who were no longer capable of discharging their duties and 33 cases of prolonged absences of staff through sickness.

12 applicants for driving licences, whose fitness was in doubt, were referred by the Local Taxation Officer for advice.

An additional 53 medical examinations were undertaken on behalf of other authorities.



